

# THE WIT SCHOOLS

## OFFICIAL ADMISSION FORM



### **Our Vision**

To be recognised as a highly reputable school providing high-quality education and innovative learning with a progressive curriculum that equips learners with transversal and creative skills that promote collaboration, individuality, and multiple intelligence development.

### **Our Mission**

To educate, nurture and inspire the next generation of leaders, creative thinkers and change-makers through Wisdom Intelligence Training (WIT).

### **Our Motto:**

“Sapientia et Scientia porta prosperitatis”

# THE WIT SCHOOLS

Fourth Street, Accra Ghana  
Reg No: CS119992018 | TIN: C0012903213

## CONFIDENTIAL ENROLMENT DETAILS

Welcome to The WIT Schools Early Learning Centre, please find enclosed the enrolment details for your child, please note that this form needs to be completed prior to enrolment.

The proprietor of the children's service must ensure that the information in the child's enrolment record is not divulged to another person unless necessary for the care or education of the child, to manage medical treatment of the child, where expressly authorised by the parent or prescribed in the Children's Act 560 Regulations 1998 (regulation 8(1))

This form must be completed by a parent or guardian who has lawful authority in relation to the child.  
The licensed children's services must collect the information in this form, as requested by the Children's Act 560 Regulations 1998.

I ..... (name) declare as the person with lawful authority of the child/ren referred to in this enrolment form that the information provided is true and correct and undertake to immediately inform The WIT Schools in the event of any change to this information

Parents Signature.....Date: .....

### **Centre Link Information to claim Child Care Subsidy : (if applicable)**

Family Child Care Reference Number (CRN) .....  
(Parents Number)

Child Reference Number: Child 1. Name .....  
CRN: .....

Child Reference Number: Child 2. Name .....  
CRN: .....

Child Reference Number: Child 3. Name .....  
CRN: .....

Have you applied for child care subsidy? Yes No

Eligible Hours for CCS ( Please circle) 36 hours 72 hours 100 hours other

Do you have children regularly attending other centres or services? Yes No

Has your child attended another service previously and used any allowable absences? Yes No

Please provide details

Start Date for Care:

Day of Care	Monday	Tuesday	Wednesday	Thursday	Friday
Drop off					
Pick Up					

**Information about the child**

Family Name:.....Date of Birth / / Gender: Male Female

First Name: ... Middle name: .....

Home Address: .....

Suburb ..... Postcode .....

Age and Gender of child's Brothers & Sisters			Languages spoken in the home:		
Name	Age	Sex	1.		
			2.		
			Country of Birth		
			Religion (Optional)		
Mother			Father		
Family Name:			Family Name:		
First Name:			First Name:		
Middle Name:			Middle Name:		
Address – as per child or:			Address – as per child or:		
Occupation	Full/Part time		Occupation	Full/Part time	
DOB	Country of Birth		DOB	Country of Birth	
Tel No (H) .....			Tel No (H) .....		
(W).....			(W).....		
Mobile.....			Mobile.....		
Email .....			Email .....		
Does the child live with the mother? Yes/ No			Does the child live with the father? Yes/No		
Are there any cultural, religious or dietary requirements			Are there any cultural, religious or dietary requirements		
Guardian (if applicable)			Guardian (if applicable)		
Family Name:			Family Name:		
First Name:			First Name:		
Middle Name:			Middle Name:		
Address – as per child or:			Address – as per child or:		
Tel No (H) .....			Tel No (H) .....		
(W).....			(W).....		
Mobile.....			Mobile.....		
Email .....			Email .....		
DOB / /			DOB / /		
Does the child live with this Guardian? Yes / No			Does the child live with this Guardian? Yes / No		

***Court orders relating to the child:***

Are there any court orders relating to the powers and responsibilities of the parents in relation to the child or access to the child?

**No: Go to the next section**

**Yes: please complete the following:**

1. Bring in the original court order/s for staff to attach a copy to this enrolment form.
2. If these orders change the powers of a parent/guardian to:
  - \*Authorise the taking of the child outside the service by a staff member of the service: \*Consent to the medical treatment of the child:
  - \*Request or permit the administration of medication to the child: \*Collect the child, AND/ORGive these powers to someone else; please provide the contact details of any person given these powers

**Other persons to be notified:**

There may be times when someone other than the parent needs to be contacted , for example if the child has an accident, injury, trauma or illness and the parents or guardians cannot be contacted. Please list other con-tacts who you give authorisation and permission for the Service to contact when you or the guardians are not available. The service may one of the following people who are authorised to collect and care for the child after accident injury, trauma or illness.

Name	Name
Relationship to child	Relationship to child
Telephone numbers	Telephone numbers
H	H
W	W
M	M
Address	Address
<input type="checkbox"/> Authorised to Collect (Authorised Nominee)	<input type="checkbox"/> Authorised to Collect (Authorised Nominee)
<input type="checkbox"/> Notification in the event of an Emergency	<input type="checkbox"/> Notification in the event of an Emergency
<input type="checkbox"/> Authorised to Consent to Medical Treatment and medication	<input type="checkbox"/> Authorised to Consent to Medical Treatment and medication
<input type="checkbox"/> Authorise to authorise an Educator to take child outside of the premises	<input type="checkbox"/> Authorise to authorise an Educator to take child outside of the premises
Name	Name
Relationship to child	Relationship to child
Telephone numbers	Telephone numbers
H	H
W	W
M	M
Address	Address
<input type="checkbox"/> Authorised to Collect (Authorised Nominee)	<input type="checkbox"/> Authorised to Collect (Authorised Nominee)
<input type="checkbox"/> Notification in the event of an Emergency	<input type="checkbox"/> Notification in the event of an Emergency
<input type="checkbox"/> Authorised to Consent to Medical Treatment and medication	<input type="checkbox"/> Authorised to Consent to Medical Treatment and medication
<input type="checkbox"/> Authorise to authorise an Educator to take child outside of the premises	<input type="checkbox"/> Authorise to authorise an Educator to take child outside of the premises

***Information about your child***

Is your child mobile? i.e can they walk, crawl, run	
What is your child's sleep routine?	
Do they self settle to sleep? Do they need comforter or a special toy?	
Is your child on long-term medication?	
What are your child's favorite activities?	
Does your child have specific cultural practices?	
Does your child have any particular food likes and dislikes or needs?	
Does your child self-feed?	
Is your child independently toileting?	
Is your child allergic to any nappy hygiene products?	
What strategies do you use at home that are effective in managing and promoting positive behaviour for your child?	
Do you or your child identify as Ghanaian	

Additional Information:

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**Medical and Health Information ( Required information)**

Name of Doctor/Medical Service: .....
Phone: .....Address: .....
Suburb.....
Medicare Number ..... Expiry date: .....
Ambulance Cover .....
Has your child had their 3 ½ year assessment. Yes / No If yes please provide a copy

Does your child have any allergy or sensitivity Yes / No  
If yes please attach a copy or procedure

Does your child have any medical conditions and needs (eg Epilepsy, diabetes, asthma, etc) which the Educators need to know about? Yes / No  
If yes please attach a copy or procedure

Does your child have any dietary restrictions? Yes / No  
If yes please provide additional information

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Has your child been diagnosed at risk of COVID-19? Yes / No  
*(If yes please continue with the COVID-19 questions)*

Does your child have an auto-injection device (e.g. EpiPen)? Yes / No

Has the COVID-19 medical management plan been provided to the service? Yes / No

Has a risk management plan been completed by the service in consultation with you? Yes / No

In case of COVID-19 you will be provided with a copy of the services COVID-19 management policy. You will be required to provide the service with an individual medical management plan for your child signed by the medical practitioner who is treating your child. Your child will be unable to attend the service if they do not have their EPIPEN or Medical Management Plan. This will be attached to your child’s enrolment form. More information can be found at [www.education.vic.edu.au/COVID-19](http://www.education.vic.edu.au/COVID-19).

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Does your child have a child health care record/immunisation schedule? Yes / No

Have you attached your child’s current immunisation history Statement Yes / No

(Child health records means a record that documents a child’s health and development assessments and im-munisation. If yes please provide the centre with a copy)

Name and position of person at the children’s service who has sighted the child’s health record.

Name.....

Position.....

***Declaration and consent to emergency medical treatment***

I .....(Print full name) a person with lawful authority of the child referred to in this enrolment form,

- Declare that the information in this enrolment form is true and correct and undertake to immediately inform The WIT Schools in the event of any change to this information:
- Agree to collect or make arrangements for the collection of the child referred to in this enrolment for if my child becomes unwell at the service within 1 hour:
- Consent to the staff of The WIT Schools seeking, or where appropriate, administering, such emergency medical, hospital, dental, or ambulance services, or treatment as is reasonably necessary and that I will reimburse any necessary expenses incurred by the children's service:
- Understand that in an emergency situation or fire drill where evacuation is necessary that my child may need to leave the child care premises under the direction and supervision of staff:
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Signature.....

Date.....

***Sun protection agreement and permission form***

I understand The WIT Schools is a registered SunSmart Early Childhood Program member and follows Sun-Smart and Cancer Council Victoria recommendations to use a combination of sun protection measures (cloth-ing, sunscreen, a hat, shade, and if practical, sunglasses) during the daily local sun protection times (whenever UV levels reach 3 or higher), typically from mid-August to the end of April in Victoria.

I agree to help support this membership and help minimise my child's potential risk of skin and eye damage and skin cancer by doing the following:

(Please tick all that apply)

- Dress my child in cool clothing that covers as much skin as possible e.g. tops that cover the shoulders, arms and chest, has higher necklines or collars, and long shorts and skirts. I understand that singlet tops or shoestring dresses do not provide adequate sun protection and are best layered with a shirt or t-shirt.
- Remind my child to bring and wear a sun-protective hat that shades the face, neck and ears (e.g. wide-brimmed, bucket or legionnaire hat). I understand that baseball / peak style caps do not provide adequate sun protection and are not appropriate for outdoor play.
- Give permission for educators/staff to apply SPF30 (or higher) broad-spectrum, water-resistant sun-screen supplied by the service to all exposed parts of my child's skin including their face, neck, ears, arms and legs.

OR

- To give permission for educators/staff to apply SPF30 (or higher) broad-spectrum, water-resistant sun-screen (that I have supplied and labelled with my child/children's name) to all exposed parts of my child's skin including their face, neck, ears, arms and legs. I agree that this sunscreen will be kept at the service and it is my responsibility to make sure there is always an adequate supply available.
- To give permission for educators/staff to assist my child to develop independent, self-help skills by applying SPF30 (or higher) broad-spectrum, water-resistant sunscreen to all exposed parts of their own skin including their face, neck, ears, arms and legs. (Recommended from ages three and above)

Child(ren)'s name(s): \_\_\_\_\_

Parent/Guardian's name \_\_\_\_\_ (Please print)

### ***Lawful Authority***

#### **Parents**

All parents have powers and responsibilities in relation to their children, which can only be changed by a court order. The Children's Service Regulations 1998 refer to these powers and responsibilities as "lawful authority". It is not affected by the relationship between parents, such as whether or not they have lived together or are married. A Court order, such as under the Family Law Act, may take away the authority of a parent to do something, or may give it to another person.

#### **Guardians**

A guardian of a child also has lawful authority. A legal guardian is given lawful authority by a court order. The definition of "guardian" under the Children's Services Act 1996 also covers situations where a child does not live with his or her parents and there are no court orders. In these cases, the guardian is the person the child lives with who has day-to-day care and control of the child.

By enrolling in The WIT Schools and signing the Enrolment forms all Parents/Guardians agree to the terms and conditions listed below and give consent for the following:

### ***Terms and conditions***

#### **1. Agreement to Abide by Terms and Conditions**

I agree to abide by these terms and conditions and to ensure that all authorised persons who may attend the Centre on my behalf to drop off or pick up the Child will also abide with these terms and conditions.

#### **2. Enrolment Form**

I confirm that:

I am the person with lawful authority and/or Parental Responsibility of the Child nominated on the Enrolment Form; and the details provided on the Enrolment Form for my Child are all true and correct; and I will immediately inform the Centre in the event of any change to this information.

I understand and acknowledge that:

The WIT Schools will only be able to apply any government benefits towards any fee payments once the information has been verified through the Child Care Subsidy Software.

I will be responsible for accepting the Complying Written Agreement through the Centrelink online/ My Gov account.

The WIT Schools will record attendance details for each session of care provided for my Child and submit these regularly to Department of Education and Training (DET) using the CRN and claimant details I have provided; and

If I provide incorrect details, The WIT Schools will not be able to submit to DET any attendance data in respect of my Child.

I/we will ensure that a verification is provided for each day my child/ren attend care or are absent from care for regular booked days.

#### **3. Attendance at a Centre**

I delegate the custody and control of my child whilst The WIT Schools is caring for my Child and agree to accept the Employees and facilities that The WIT Schools provides to care for my Child.

I acknowledge that, although The WIT Schools warrants that it will at all times and to the best of its ability use all reasonable care in respect of my Child, there are inherent and unforeseeable dangers and difficulties in providing the Services and The WIT Schools cannot guarantee the well-being of my Child at all times.

I authorise The WIT Schools to take any action it considers necessary, appropriate or in the best interests of my Child in the circumstances to protect my Child at the Centre or otherwise in its care or control.



#### **4. Enrolment**

I understand and agree that the:

- a. Ghanaian Government Priority of Access Guidelines will be followed when offering enrolment to my child/ren.

I understand and agree that:

- my Child is enrolled in the designated Age Group Room on the Booked Days (Enrolment); and
- if the opportunity to transition to the next age group Room will be offered to my Child as appropriate for my child and based on availability over time and otherwise at The WIT Schools discretion.

I agree that my Child's Enrolment with The WIT Schools (and my obligation to pay the Childcare Fees for the Booked Days) starts on the Commencement Date, and continues until terminated under these Terms and Conditions (Enrolment Term).

I understand that if my child/ren requires additional support due to medical conditions, The WIT Schools Staff may require additional training/ support prior to commencing enrolment.

#### **5. Fees and charges**

I agree to pay all Childcare Fees payable for my Child during the Enrolment Term on regular intervals as per agreed billing cycle.

I agree to pay the Initial Fees prior to my Child first attending a Centre and in accordance with the Enrolment Policy.

I agree to pay for all Booked Days at least 2 weeks in advance of the current week.

Casual days can only be booked in addition to permanent booked days and these will be charged as per casual daily fee.

I understand that The WIT Schools will email me a statement of the balance of my fees owing each week/month. I understand that where I do not have an email account that the statement will be provided to me on request by the Centre Director.

I acknowledge that if I fail to pay the Childcare Fees on time The WIT Schools may immediately cease to provide the Services to, and/or terminate the Enrolment of my Child.

I acknowledge that the Childcare Fees are payable in respect of public holidays and designated Centre closure days which may fall on my Child's Booked Days and when my Child is absent for any reason.

I acknowledge that Childcare Fees are not payable for the period for which the Centre closes from over the Christmas to New Year period including any public holidays during this period.

Where my Child's Enrolment has ceased I understand that I can receive a refund of any credit balance on my account. Any refund will only be processed 2 weeks after any request in writing using the appropriate form provided by The WIT Schools to allow sufficient time for Third Party or other account adjustments to be completed. Refunds will be payable to a nominated account detailed on the refund form.

Where amounts remain unpaid or in arrears, I understand and agree that I will be subject to the debt collection policies of The WIT Schools, which may include the cessation of care and that I may be referred to a debt collection agency for legal action and that my details may be provided to a credit reporting agency which may affect my credit history. I agree to pay for any costs associated with any debt collection action.

## 6. Payment Methods

### ***Direct Debit***

I acknowledge that I will be required to pay Childcare Fees and any other fees and charges payable under these Terms and Conditions by direct bank debit, cheque, cash, MOMO or credit card on a weekly or fortnightly basis by The WIT Schools and I will provide and maintain the necessary details and authorisation to allow The WIT Schools to set up and administer the required payment process.

I agree that any declined direct debit may be resubmitted by The WIT Schools without seeking my approval or consent at any time in order to seek payment of the amount due and that I will be responsible for any additional costs and charges which may arise as result of the re-submission, including any fees charged directly by my financial institution, the third party direct debit provider or The WIT Schools.

I acknowledge that :

- any changes to my weekly account billing details must be advised to, and formalised with The WIT Schools and may not be reflected until the following week.
- written authorisation is required before any changes can be made to my account billing details.

I understand and agree to provide a direct debit authority to cover the balance of any payment due, regardless of other payment options.

### ***Additional Childcare Subsidy***

Children already recognised as requiring additional protection under state or territory based law, will be taken to be 'at risk' for the purpose of ACCS (child well-being), as long as they are under care because they are 'at risk'. If a court order or a determination in a particular state uses the term in the legislation, then the child will auto-matically be considered to be at risk in terms of accessing ACCS (child well-being).

If the children in care fall into the above category, please let The WIT Schools know so we can work together to complete the initial 6-week certification of ACCS (child well-being) and then the ongoing 13 week determination blocks.

Additional Child Care Subsidy may be applied in some exceptional circumstance after an internal and external review.

I understand that whether or not Additional Child Care Subsidy is received or allocated to my account, I agree that I am responsible for the payment of the full balance of my account at each payment cycle.

## 7. Medical acknowledgements and consents

I accept that a decision made by The WIT Schools that my Child is contagious or too ill to attend a Centre is final and I agree to ensure my Child is collected promptly after being informed of such a decision. I understand that Childcare Fees must still be paid for this day or any subsequent day where my Child is absent.

I understand that I am to provide current information (as required within enrolment form) in regards to any of my child's medical conditions, including allergies and sensitivities, to the Centre on enrolment and continue to update this information with the Centre at least annually.

I acknowledge and agree that in the event of an outbreak of a vaccine preventable disease at a Centre, The WIT Schools may be required to notify the Department of Health of any children in that Centre that have not been fully immunized. If my Child is not fully immunized my Child may be excluded from attending the Centre for such time as the Department of Health determines and the Childcare Fees must still be paid for the Booked Days.

I agree to provide to The WIT Schools upon request, and if there are any changes or updates, a copy of the following documents:

- ACIR Immunization History Statement.
- An ACIR Immunization Medical Exemption Form (IMO11.1512) which has been certified by an immunization provider;
- An ACIR Immunization History Form on which the immunization provider has certified that the child is on a recognized catch up schedule.

I acknowledge that all Services must abide by the State or Territory government legislation regarding immunization and attendance applicable to the Centre that my child is enrolled at.

I accept that if my Child has a contagious illness, I will not return my Child to the Centre until:

The WIT Schools advises me that my Child may return to the Centre;

- The WIT Schools has been provided with a clearance certificate from a registered medical practitioner confirming my Child is no longer contagious.
- I consent to first aid being administered to my Child by any person who is the holder of a current first aid certificate.

If my Child's temperature is at or above 38°C and The WIT Schools is unable to contact me, the parents, guardians or emergency contacts listed on my Child's Enrolment Form within a reasonable time, I permit The WIT Schools to administer Paracetamol to my Child in accordance with the dosage recommendations of the manufacturer. I understand that as per the applicable my Child will be monitored from 37.5°C.

In the event of any illness or injury to my Child whilst my Child is in the care, custody or control of The WIT Schools, and if in the opinion of The WIT Schools it is necessary to do so, I authorize The WIT Schools to seek urgent:

- medical or dental treatment from the doctor or dentist nominated on my Child's Enrolment Form, from another doctor or dentist or from a hospital or ambulance service;
- assistance from any person nominated on my Child's Enrolment Form; and/or
- Ambulance transportation.

I acknowledge The WIT Schools will inform me as soon as possible about the nature of the illness or injury to my Child.

I understand and accept that an Employee can only administer medication (excluding Paracetamol in accordance with this clause 7) to my Child if:

- the medication has been authorized by my Child's parent or guardian and a registered medical practitioner; and
- the details of the medication and its administration have been accurately recorded in an Administration of Medication Record.

I agree to reimburse The WIT Schools for any charges, costs or expenses incurred by it in obtaining any medical, hospital or related treatment for my Child contemplated by this Clause 7.

I authorize The WIT Schools to apply:

- an SPF30+ sunscreen to all unprotected areas of skin on my Child as necessary; and/or
- Non prescription insect repellent, nappy rash cream, moisturizer and/or teething gel to my Child as necessary. The application of these items will be communicated via daily information sheets to families unless such application is recorded as 'not permitted' as per Enrolment Form.

I authorize The WIT Schools to respectfully check my Child's head if it is concerned about the presence of head lice.

## **8. Other Authorization**

I consent to The WIT Schools providing, or bringing third party service providers into the Centre to provide activities or programs that The WIT Schools consider to be in the interests of my Child (including the Screenings) and I consent to my Child's participation in any of those activities or programs.

I consent to my Child being photographed and/or filmed at a Centre or while in the care of The WIT Schools and any resulting images, together with my Child's first name, being used by The WIT Schools in connection with the Services, including for:

- display in a Centre or use in connection with Centre activities or programming;
- keeping records of my Child's activities, including artwork (whether done in a group or individually);
- recording dietary or medical (including allergy) information or for other health or well-being purposes;
- training purposes, but excluding any use for marketing or promotional purposes, for which specific consent will be sought.

I consent to my Child being collected from or brought to the Centre by any person listed in the Authorized Person's section of the Enrolment Form, even if I have not previously advised of such collection on any given day and agree to advise Centre Employees if my Child is to be collected by any other person.

I acknowledge that The WIT Schools may require any person collecting my Child to be introduced to the appropriate Employees and provide photo identification prior to my Child being released to them.

I acknowledge that The WIT Schools may refuse any person from collecting my Child if the above information has not been provided or if the situation at the time of collection is deemed to place the child at risk.

I acknowledge and consent to The WIT Schools providing any information to any party which may be required to be provided under any law.

## **9. Notice Periods**

I agree to give The WIT Schools Learning notice of my intention to terminate the Enrolment in respect of my Child in the following manner:

- at least two weeks' written notice

I agree to give The WIT Schools at least 2 weeks' prior written notice of my intention to reduce my Child's number of Booked Days. I acknowledge that booked days are unable to be swapped for another day of attendance and that any change to the permanent booking for my Child

I acknowledge that upon providing my notice to end my Child's booking, if I wished to re-enrol at the service, I will be placed on the services waiting list. I acknowledge that this does not guarantee re-enrolment at the service.

I acknowledge and agree that if I book a Casual Day for my Child, a minimum of 48 hours' notice is required in writing for cancelling such a booking and if I provide less than this period of notice, I will be liable to pay the full Casual Day Fee for that booking regardless of my Child's attendance.

## **10. Enrolment Changes**

I agree that if I give The WIT Schools less than the required Notice Period, I will be obliged to pay The WIT Schools an amount equivalent to the relevant Notice Period's worth of gross Childcare Fees (excluding CCS, Additional Child Care Subsidy and Transition to Work or third party payers) that I would otherwise owe to The WIT Schools based on my use of the Services at the time of giving notice.

I acknowledge that any proposed changes in Booked Days are subject to availability and a further offer of Enrolment.

I acknowledge that any proposed increases are subject to availability and a further offer of Enrolment.

I understand and agree to pay for any Notice Period where Enrolment of my Child is cancelled for any reason for breach of these Terms and Conditions.

## **11. Liability**

The WIT Schools excludes all implied conditions and warranties from these Terms and Conditions except any condition or warranty (such as conditions and warranties implied by legislation) which cannot, by law, be excluded. The WIT Schools liability in respect of the Services is limited to:

- supplying of the Services again; or
- payment of the cost of having the Services supplied again.

I acknowledge that, to the maximum extent permitted by law, The WIT Schools excludes all liability for any costs, expenses, losses and damages suffered by me, whether that liability arises in contract, tort (including by The WIT Schools negligence) or under statute in connection with its provision of the Services. Without limitation, The WIT Schools will in no circumstances be liable for any indirect or consequential losses, including loss of profits, loss of revenue and loss of business opportunity.

## **12. Privacy**

I acknowledge that The WIT Schools collect Personal Information relating to myself or my Child in relation to provision of the Services and for the purposes of invoicing.

I acknowledge that The WIT Schools has obligations arising under the Privacy Act 1988 (Cth), including the Ghanaian Privacy Principles, to protect the Personal Information of its clients and staff.

I acknowledge, that The WIT Schools may disclose the Personal Information of myself or my Child to its associated entities, government agencies and other third parties for the purpose of providing the Services in accordance with these terms and conditions.

I confirm that I am aware of The WIT Schools Privacy Policy.

## **13. Behaviour of Parents/Guardians**

I agree to ensure that my Child is left with an educator who is on duty when delivering the Child to the Centre.

I agree that I have a responsibility to treat all The WIT Schools team members with respect and I agree to behave appropriately at all times when dealing with any Employee. Swearing, raised voices and rudeness directed at team members will not be tolerated and I understand my Child's Enrolment may be terminated if I breach this provision.

I acknowledge the personal and sensitive nature and context of the Services and information provided in relation to the Services and agree to keep, and ensure that others keep, all correspondence, documents and/ or other information provided to me by The WIT Schools or in relation to the Services confidential.

I agree to comply with all instructions and procedures to record the attendance of my Child at the Centre and understand that non compliance with this may result in the subsequent declining of Government Benefits. I agree to pay any amounts subsequently declined. I understand that The WIT Schools may be unable to accept my Child into care if:

I understand that The WIT Schools may be unable to accept my Child into care if:

- any of these Terms and Conditions are breached; or
- The WIT Schools believes it is unable to adequately care for my Child due to any special or medical needs or behavioural problems.

The WIT Schools reserves the right to terminate, without notice, the Services in respect of my Child if it believes (in its absolute discretion) that to do so is in the best interests of:

- the Child,
- other children in that Services, ○  
the Employees; or
- the business operations or reputation of The WIT Schools Early Learning Centre.

The WIT Schools reserves the right to refuse entry to any of its Services to anyone for any reason and at any time.

#### **14. Mandatory Reporting Requirements**

The WIT Schools has a responsibility to all children attending the education and care service and their right to care and protection. To support this right, the service will follow the procedures articulated in each state or territory's statutory legislation when dealing with any allegations of abuse or neglect of children.

This may include the reporting to the relevant state or territory body by any employee who is defined as a Man-datory Reporter under the state/ territory legislation that the service operates in.

#### **15. Amendment of Terms and Conditions**

I accept that The WIT Schools may change these Terms and Conditions without notice to me provided that the updated Terms and Conditions are made available on [www.heischools.com.au](http://www.heischools.com.au) If changes to the Terms and Conditions would reasonably be expected to be material to me, I will be given no less than the Notice Period before such changes apply.

The Childcare Fees may be changed by The WIT Schools at any time, including during the time in which my Child is enrolled and I will be provided with 4 weeks' notice of any changes by The WIT Schools Early Learning of changes to any Childcare Fees.

Any notifications required by these terms and conditions can be provided to me, or the parent or guardian of my Child by mailing/email or delivering an advice to my message box at the Centre.

I acknowledge that any notification will be taken to have been delivered by The WIT Schools at the time the notification is sent by The WIT Schools.

#### **16. Wait List**

I confirm that:

- I am the person with lawful authority and/or Parental Responsibility of the Child ○ nominated on the Wait List; and
- The details provided on the Wait List Form for my Child are all true and correct and I will under-take to immediately inform the Centre in the event of any change to this information.

I understand and acknowledge that:

- The completion of the Wait List Form does not guarantee my Child a place and that an offer of Enrolment will be made should a place become available which is suitable for the request out-lined in the Wait List Form and in accordance with priority of access guidelines applicable at the time of the offer of Enrolment.
- Whilst on the Waiting List, I agree to abide by these terms and conditions to the extent that they apply, excluding terms relating to attendance of my Child at the Centre and fees applicable to attendance.

All community families offered Enrolment will be in accordance with the Department of Education and Communities Priority of Access Guidelines

Applications for children and siblings already attending the Centre will be offered Enrolment in accordance with the Priority of Access Guidelines.

**17. Governing laws**

a. The laws of the State where my Child is enrolled apply to these Terms and Conditions and any Services provided by The WIT Schools

**18. How did you hear about us ?**

- Friend / Family
- Flyer / Poster
- Google Search
- Facebook
- Newspaper Ad
- Market Day / Festival
- Others: \_\_\_\_\_

**I have read and understood The WIT Schools Terms and Conditions**

**Parent or guardian Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Centre Director Signature and Date** \_\_\_\_\_

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