

ENROLLMENT FORM

1. CHILD & FAMILY DETAILS

Child's First Name.....Surname.....

Address.....Postcode.....

Date of Birth.....Place of Birth.....Sex.....

Language/s spoken in the child's home.....

Cultural/Ethnic Background.....

Email address (For Fee Statements and Newsletters).....

Child's FAO Customer Reference Number (CRN).....

Required to claim the Child Care Benefit (CCB) & Child Care Rebate (CCR)

Parent/Guardian claiming CCB and/or CCR (tick) Mother Father Other

Bill fees to (tick) Mother Father Other

Mother/Guardian Full Name..... Date of birth.....

Mother FAO Customer Reference Number (CRN).....

Address (Home)..... Phone (H).....

Address (Bus)..... Phone (W).....

Occupation.....Mobile.....

Cultural Background:.....Language/s Spoken.....

Father/Guardian Full Name..... Date of birth.....

Father FAO Customer Reference Number (CRN).....

Address (Home)..... Phone (H).....

Address (Bus)..... Phone (W).....

Occupation.....Mobile.....

Cultural Background:.....Language/s Spoken.....

2. FAMILY STRUCTURE/LIVING ARRANGEMENTS

Marital status of parents/family structure?.....

Who does the child reside with?.....

2. CUSTODY OR ACCESS ARRANGEMENTS:

Do you have a Court Order, Parenting Order or Parenting Plan affecting access or custody of your child? Yes / No (please circle)

A copy of any current Court Order, Parenting Order or Parenting Plan must be provided prior to the commencement of enrolment. Provide any up-dated Orders or Plans as they occur.

3. AUTHORISATIONS

Other person/s permitted to administer medication, collection of your child from the Service, excursion permission and access to personal records.

The Centre will not allow any person access to your child unless you provide their full name, address and telephone number. Only persons over the age of 16 years are authorised.

Full name..... Relationship to child.....
Phone No (Home)..... Mobile No.....
Address..... Phone No (Bus).....

Full name..... Relationship to child.....
Phone No (Home)..... Mobile No.....
Address..... Phone No (Bus).....

Full name..... Relationship to child.....
Phone No (Home)..... Mobile No.....
Address..... Phone No (Bus).....

Full name..... Relationship to child.....
Phone No (Home)..... Mobile No.....
Address..... Phone No (Bus).....

YOU ARE REQUIRED TO NOTIFY THE CENTRE OF ANY CHANGES TO YOUR CONTACT DETAILS OR CIRCUMSTANCES.

5. INFORMATION ABOUT YOUR CHILD:

5.1. Attendance

Days of enrolment required / Mon / Tues / Wed / Thur / Fri (please circle)

Date enrolment will start.....

5.1. Toileting

Is your child toilet trained? (please circle) Yes No

5.2. Sleep

What time does your child go to sleep at night?.....

What time does your child wake in the morning?.....

How long does your child sleep during the day?.....

Is a dummy or bottle required?.....

Does your child have a favourite toy or security object?.....

Any special ways for putting your child to sleep?

Educator's must follow SIDS Safe Sleeping Guidelines and the Services Sleep and Rest Policy

5.3. Food

Can your child feed themselves?.....

Will your child require a bottle Yes / No (please circle)

List any foods your child is not allowed to have for cultural or religious reasons;

.....

5.4. Food Allergies (Medical Condition)

Has your child any food allergies? Yes / No (please circle)

If yes, please list the food/s your child is allergic to.....

If yes, prior to the commencement of enrolment you will need to complete a **Medical Management Plan** (this must be supported by the child's treating Doctor). Any medication required under your child's Medical Management Plan must be recorded on a **Medication Register** and remain on the premises at all times. Forms will be provided by the Approved Provider or Nominated Supervisor.

5.5. For children below the age of 2 years

Complete the **Additional Enrollment Form for Babies and Toddlers**, if not attached the Approved Provider or Nominated Supervisor will provide you with a copy prior to your child commencing enrollment.

5.6. FURTHER INFORMATION ABOUT YOUR CHILD

Has child attended other Children Services, Family Day Care etc, Yes / No (please circle)

Are there any religious or cultural practices/celebrations you wish us to observe for your child whilst attending the Service? Yes / No

If yes, please provide details.....

Reasons for needing childcare:.....

How may we help your child this year? What do you most want your child to achieve?

.....
.....

Are you concerned about any areas of your child’s development? (please circle) Yes No

If yes, please provide details.....

.....

How can we help your child settle if he/she becomes distressed or unhappy?.....

.....

Child from non English speaking background? (please circle) Yes / No

If yes, provide key words in your home language that will help us communicate with your child

e.g. drink, toileting, lunch, hello, sleep, play.....

5.6. PLAY INTERESTS

You are encouraged to keep us updated regarding your child’s current play interest areas.

What are your child’s current interest areas?.....

5.7. FAMILY INVOLVEMENT

Are you or any member’s of your family able to volunteer your time once a month to engage with the children in our program? Yes / No (please circle)

6. MEDICAL INFORMATION AND MEDICAL CONDITIONS

Child's Medicare Number.....

What number is your child on the Medicare card.....

Is the child covered by a Private Health Fund? (please circle) Yes No

If yes, Fund Name..... Policy Number.....

Does your child have a Family Doctor? (please circle) Yes No (circle)

If yes, provide details below:

Doctor's Name..... Tel.....

Address.....

Do you receive a Disability Allowance from Centrelink? Yes / No (please circle)

Does your child take any regular medication? Yes / No (circle)

If yes, provide name of medication and reason why it is taken by your child

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6.1. Asthma

Does your child have Asthma? Yes / No (please circle)

If yes, prior to the commencement of enrolment you will need to complete an **Asthma Action Plan** (this must be supported by the child's treating Doctor) and **Medical Management Plan**. Any medication required under your child's Medical Management Plan must be recorded on a **Medication Register** and remain on the premises at all times. Forms will be provided by the Approved Provider or Nominated Supervisor.

6.2. Anaphylaxis

Is your child at risk of Anaphylaxis? Yes / No (please circle)

If yes, prior to the commencement of enrolment you will need to complete an **Anaphylaxis Action Plan** (this must be signed by the child's treating Doctor) and **Medical Management Plan**. Any medication required under your child's Medical Management Plan must be recorded on a **Medication Register** and remain on the premises at all times. Forms will be provided by the Approved Provider or Nominated Supervisor.

6.4. Allergic Reactions:

Is your child allergic to anything? For example bee stings, medication Yes / No (circle)

If yes, please list what your child is allergic to.....

If yes, prior to the commencement of enrolment you will need to complete a **Medical Management Plan** (this must be supported by the child’s treating Doctor). Any medication required under your child’s Medical Management Plan must be recorded on a **Medication Register** and remain on the premises at all times. Forms will be provided by the Approved Provider or Nominated Supervisor.

6.5. Fits or Febrile Convulsions:

Has your child ever had a febrile convulsion? Yes / No (please circle)

6.6. OTHER MEDICAL CONDITIONS

Does your child have any other diagnosed medical condition? Yes / No (please circle)

If yes, provide the name of the Medical Condition..... and prior to the commencement of enrolment you will need to complete a **Medical Management Plan** for this medical condition (this must be supported by the child’s treating Doctor). Any medication required under your child’s Medical Management Plan must be recorded on a **Medication Register** and remain on the premises at all times. Forms will be provided by the Approved Provider or Nominated Supervisor.

7. ADDITIONAL NEEDS

Has your child been diagnosed by a Doctor as having additional needs? (circle) Yes / No

Is your child currently undergoing assessment for additional needs? (circle) Yes / No

If yes, please provide details of the child’s additional needs that have been diagnosed or suspected, details of any special management plans or equipment requirements for the child and provide the name and contact telephone number for all treating Doctor’s. This must be supported by a letter from the child’s treating Doctor(s).

.....
.....

7.1 Speech Therapy

Does your child receive support from a Speech Pathologist/Therapist? Yes / No (circle)

If yes, provide details.....

8. Where did you hear about Kids World Kindy?

Newspaper Leaflet Website Neighbour Parent Recommendation

AGREEMENT AND PERMISSION

I agree to the terms and conditions of enrolment contained in this enrollment form;

1. For staff to apply to my child if required the following creams or ointments;

For children aged between 6 weeks and 3 years at time of enrolment:

Nappy Rash cream	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bonjela	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Baby powder	Yes <input type="checkbox"/>	No <input type="checkbox"/>

For all children:

SPF 30+ Sunscreen	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Antiseptic creams	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Insect Repellant	Yes <input type="checkbox"/>	No <input type="checkbox"/>

2. In the event of an emergency, illness or injury concerning my child at the Service. I consent to the Approved Provider, Nominated Supervisor or an Educator seeking urgent medical, dental or hospital treatment or ambulance service and to the carrying out of appropriate medical, dental or hospital treatment. I accept liability for any medical, hospital, dental and/or ambulance expenses that may be incurred.

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

3. Should my child have a medical condition or any other special requirements relating to the child’s culture, permission is granted to display the child’s full name and photo (when required) to alert Educator’s and visitors of the child’s medical condition or individual requirements.

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

4. Agree to abide by the Policies of the Centre including those in the Parent Handbook and confirm that I have received a copy of the Parent Handbook.

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

5. All authorised persons listed are at least 16 yrs of age.

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

6. I accept that without providing a Centrelink Assessment Notice or Customer Reference Numbers that I am responsible for payment of the full fee. The Service is only able to back date and re-calculate fees 28 days from your Assessment Notice date. I accept that in the absence of the Service receiving any payments on my behalf from Centrelink that I am responsible for payment of the full fee.

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

7. I give permission for images/photos taken of my child while at Kids World Kindy and my child's full name to be published within the Service and in print media, Kids World Kindy Website, Kids World Kindy social networking site and Portfolio/Journal of children enrolled at Kids World Kindy.

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

8. I give permission for my child to participate in all programmed incursions.

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

Mother/Guardian Name.....Signature.....Date.....

Father/Guardian Name.....Signature.....Date.....

In the event that an external agency is legally responsible for the child, prior to the commencement of enrolment the child's Case Worker and Manager **MUST** sign above.

TERMS AND CONDITION OF ENROLMENT

Enrolment Booking Fee – \$25.00.

Two Week Bond – An initial deposit of 2 weeks fees (minimum payment \$100.00) must be paid prior to your child's commencement date, and this will be kept as a two week bond. When you wish to withdraw your child from the centre you must give two weeks notice in writing, the two week bond will then go towards payment of the last two weeks of fees. Families who cancel enrolment without giving two weeks or who have changed their mind about starting enrolment will forfeit their bond.

Payment of Fees Policy – Details are provided in the Parent Information Handbook.

Late Payment of Child Care Fees Charge – \$10.00 a week will be charged to your account until your fees are paid up-to-date in line with the Centre's payment of fees policy.

Unpaid Fees Policy – All overdue fees still owing at the time enrolment is cancelled by either the family or the Centre will be forwarded to a Debt Collection agency, families will incur all debt collection recovery fees including interest charges on the unpaid amount.

Late Arrival Fee: A late fee applies for any child left at the centre past closing time which is \$15.00 for every 15 minutes or part thereof. This fee is added to your child's next fee payment.

Public Holidays: The centre is open 50 weeks per year, the centre DOES NOT close during school holidays. During the year the centre is closed public holidays – however these days must still be paid for as the centre must still pay staff, rent, etc on these days.

Christmas Holidays: The centre is closed for 2 weeks and no fees are charged.

All other days fees are payable whether the child is sick, takes holidays when the centre is open or present until the position is cancelled in writing. If there is an outbreak of an infectious disease at the centre then all children who are not immunised will be asked to withdraw their child from the centre until two weeks after the last infectious case has occurred, fees are payable whilst the child is away for this two week period.

Definitions

Full Fee: The current daily published rate (no reduction from either CCB or CCR).

FAO: Family Assistance Office

Enrolment Checklist – All Families

- ❖ Complete and sign this **Enrolment Form**
- ❖ Provide copy of child's **Birth Certificate**
- ❖ Provide copy of child's current **Immunisation record** from the Australian Childhood Immunisation Register (ACIR). You can obtain an Immunisation History Statement at any time:
 - by calling the ACIR on 1800 653 809
 - through Medicare Online at www.medicareaustralia.gov.au/online
 - by requesting a statement by emailing acir@medicareaustralia.gov.au
 - by visiting the local department of Human Services Service Centre, Medicare Office or Centrelink office.
- ❖ Provide copy of **Drivers License** (identification check)
- ❖ Provide completed **Direct Debit Authority Form**
- ❖ **Paid Bond - \$100.00**
- ❖ **Paid Booking Fee - \$25.00**
- ❖ **Paid Hat Fee - \$5.00**
- ❖ **Pay first fortnights fees**
- ❖ **Register with Centrelink to claim the Child Care Benefit and Child Care Rebate, you must register with Centrelink at least 14 days before your child commences enrolment. You can contact Centrelink on Tel: 13 61 50.**

- ❖ Additional Enrolment Form for Babies and Toddlers Yes No
- ❖ Action Plan - Asthma Yes No
- ❖ Action Plan - Anaphylaxis Yes No
- ❖ Medical Management Plan Yes No
- ❖ Medication Register Yes No
- ❖ Court/Parenting Order/Plan Yes No

Please note: your child will be unable to commence enrolment until a completed Enrolment Form is returned, provide a copy of your child's current Immunisation record from the ACIR and all fees due on the first day of enrolment are paid in full.

Last update: December 2013