

# Kids World Kindy Services

www.kidsworldkindy.com.au

## ENROLMENT FORM

### 1. CHILD DETAILS

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

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

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

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

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

Required to claim the Child Care Subsidy (CCS)

Parent/Guardian claiming CCS (tick) Mother  Father  Other .....

(Fee Account will be in this persons name)

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

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

Centrelink Customer Reference Number (CRN).....

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

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

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

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

Driver's Licence Number.....

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

Centrelink Customer Reference Number (CRN).....

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

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

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

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

Driver's Licence Number.....

## **2. FAMILY STRUCTURE/LIVING ARRANGEMENTS**

Are the child's Mother and Father **both** responsible for the child's day to day care? Yes / No

If no, which Parent/Guardian is responsible for the child's day to day care .....

### **2.1. 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 (i) to consent to the medical treatment of the child (ii) to be notified of an emergency involving the child if any parent of the child cannot be immediately contacted (iii) to authorise administration of medication to the child (iv) to authorise an educator to take the child outside the education and care service premises (v) to collect the child from the Service (vi) access the child's personal records.

The Service 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).....

**Please notify us of any changes to these details. It is important for us to maintain up-to-date contact details at all times so we can provide the best care for your child.**

**4. ATTENDANCE AND AGREED SESSIONS OF CARE:**

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

Date this enrolment arrangement will commence:.....

Daily Fee/Session	Usual start and end times for this session

**5. INFORMATION ABOUT YOUR CHILD:**

**5.1. Toileting**

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

**5.2. Sleep and Rest Routine**

Does your child have a day time sleep/rest? (please circle) Yes No

If yes, at what time and for how long do they usually sleep/rest?.....

Is a bottle required just prior to sleep time? (please circle) Yes No

Any special ways for putting your child to sleep? .....

**Please refer to the Services Sleep and Rest Policy**

**5.3. Pacifiers and Security Objects**

Will your child require a dummy? (please circle) Yes No

Will your child require a security object or security blanket? (please circle) Yes No

**5.4. Food Preferences**

Can your child feed themselves? (please circle) Yes No

List any foods you **do not** wish to be served to your child:.....

**5.5. Food Allergies and Intolerances (Medical Condition)**

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

If yes, please list the food/s .....

If you answered yes **and** your child requires medication, 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 remain on the premises at all times. Forms will be provided by the Approved Provider or Nominated Supervisor.

**5.6. For children below the age of 2 years**

Complete the **Additional Enrolment 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.

**5.7. FURTHER INFORMATION ABOUT YOUR CHILD**

Has child attended other Services or Family Day Care? (please circle)      Yes / No

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

If yes, please provide details.....

How may we help your child this year, what do you most want your child to learn?

.....  
.....

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

If yes, please provide details.....

.....

Is your child from a 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. water, toilet, food, nappy, hello, sleep, play.....

**5.8. PLAY INTERESTS**

You are encouraged to keep us updated regarding your child's current play interests.

What are your child's current play interests?.....

**5.9. FAMILY INVOLVEMENT**

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

Examples include: Story-telling, cooking experiences, singing, dancing and music.

**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.....

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

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

**6.1. Asthma**

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

If you answered yes **and** your child requires medication, 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). Any medication required under your child’s Asthma Action Plan must 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). Any medication required under your child’s Anaphylaxis Action Plan must remain on the premises at all times. Forms will be provided by the Approved Provider or Nominated Supervisor.

**6.3. 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 you answered yes **and** your child requires medication, 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 remain on the premises at all times. Forms will be provided by the Approved Provider or Nominated Supervisor.

**6.4. Fits or Febrile Convulsions:**

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

**6.5. 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 if Medication is required, 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 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 undergoing assessment, 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 Therapy and National Disability Insurance Scheme (NDIS)**

Does your child receive support from Speech Therapy or Occupational Therapy or Early Intervention or NDIS Provider? (please circle) Yes / No

If yes, provide details.....

**8. Where did you hear about Kids World Kindy?**

Sign on street  Facebook  Website  Neighbour  Recommendation

## **AGREEMENT AND PERMISSION**

I agree to the terms and conditions of enrolment contained in this enrolment 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"/>

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 treatment from a registered medical practitioner, dental, hospital or ambulance service and to the carrying out of appropriate medical, dental or hospital treatment. I consent to the transportation of my child by an ambulance service. I accept liability for any medical, hospital, dental and/or ambulance expenses that may be incurred.
3. Should my child have a medical condition or any special dietary requirements, 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 dietary requirements.
4. Agree to abide by the Policies of the Service including those in the Parent Handbook and confirm that I have received a copy of the Parent Handbook.
5. All authorisations/persons listed are at least 16 years of age.
6. I accept that the family/Guardian will be charged the gap fee after the Service has calculated the entitlement under the Child Care Subsidy.
7. 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.
8. 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.
9. I give permission for my child to participate in all programmed incursions.

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

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

## **TERMS AND CONDITION OF ENROLMENT**

**Fees** The family will be charged fees for sessions of care provided under this enrolment arrangement. Fees are published in the Services foyer and on the Services Website [www.kidsworldkindy.com.au](http://www.kidsworldkindy.com.au) session/fee prices may vary from time to time. Sessions of care will be provided on a routine and casual basis.

**Enrolment Booking Fee – \$25.00.**

**\$100.00 Bond** must be paid prior to your child's first day of attendance. When you wish to withdraw your child from the Service you must give two weeks' notice in writing, the \$100.00 bond will then be transferred to your fees account as payment towards your final fees owing a credit balance will be refunded to the family. Parents who have changed their mind about starting enrolment will forfeit their bond.

### **Family is liable for the payment of Fees from the agreed date of commencement**

Fees will be charged whether the child is present, absent, sick, on holidays or excluded for not being immunised until the enrolment is formally cancelled in writing. Families are required to provide two weeks' written notice when cancelling enrolment.

**Child Care Subsidy Cessation of Care Rules:** Family/Guardian will be charged the full fee for the two week cancellation of enrolment period when a child does not attend care during the two week cancellation of enrolment notice period.

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

**Unpaid Fees Policy** – All overdue fees still owing at the time enrolment is cancelled by either the family or the Service 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 Service past closing time (6.00pm), which is \$10.00 for every 5 minutes. This fee is added to your child's next fee payment.

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

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

**Full Fee:** The current published daily fee (no reduction from either CCS, CCB or CCR).

Approved Provider	Service Name	Service Telephone Number
Kids World Kindy Pty Ltd	Kids World Kindy Fairfield Heights Child Care Centre	9728 1009
Kids World Kindy Pty Ltd	Kids World Kindy Guildford	9632 7268
Kids World Kindy Pty Ltd	Kids World Kindy Child Care Centre Quakers Hill	9626 8800
Kids World Kindy Pty Ltd	Kids World Kindy Child Care Centre (Glenmore Park)	4733 8045



Michel Hanna Enterprises P/L	Kids World Kindy Bomaderry	4422 6844
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**Enrolment Checklist**

- ❖ Completed all questions and signed 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 by;
  - calling the ACIR on 1800 653 809
  - Medicare Online at [www.medicareaustralia.gov.au/online](http://www.medicareaustralia.gov.au/online)
  - requesting a statement by emailing [acir@medicareaustralia.gov.au](mailto:acir@medicareaustralia.gov.au)
  - visiting the local department of Human Services Service Centre, Medicare Office or Centrelink office.
- ❖ Provide completed **Direct Debit Authority Form**
- ❖ **Paid Bond \$100.00 + Booking Fee \$25.00 = \$125.00**
- ❖ **Pay first fortnights fees**
- ❖ **Make a claim to receive the Child Care Subsidy using your [Centrelink online account](#) through [myGov](#).** You can also contact Centrelink on Tel: 13 61 50

Additional Enrolment Form for Babies and Toddlers	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Action Plan - Asthma	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Action Plan - Anaphylaxis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Medical Management Plan	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Court Order/Parenting Plan	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**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: 7 July 2018**