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ABN: 63 287 933 012

Enrolment Form

Child's Surname: _____ Given Names: _____

Preferred Name/Nickname: _____ Date of Birth: _____ Sex: M F

Home Address: _____ State: _____ P/C: _____

Is the child of Aboriginal and/or Torres Strait Island Origin? (please tick)

- | | |
|---|--|
| <input type="checkbox"/> No, not Aboriginal or Torres Strait Islander | <input type="checkbox"/> Yes, Aboriginal |
| <input type="checkbox"/> Yes, Aboriginal and Torres Strait Islander | <input type="checkbox"/> Yes, Torres Strait Islander |

Booking Information

Proposed Start Date: _____

Days Required: (please tick) Monday Tuesday Wednesday Thursday Friday

Contact Details for the Child's Parents or Guardians

Primary Guardian Contact Details –
(Must be the parent who is registered for Child Care Benefit)

Miss Ms Mrs Mr Other _____

Name

Address

Telephone (H)

Telephone (M)

Email Address

Marital Status

Driver's License Number

Relationship to the Child

Authorised to Collect the Child? Yes No

Secondary Guardian Contact Details -

Miss Ms Mrs Mr Other _____

Name

Address

Telephone (H)

Telephone (M)

Email Address

Marital Status

Driver's License Number

Relationship to the Child

Authorised to Collect the Child? Yes No

Employment Details for the Child's Parents or Guardians

Primary Guardian

Employer Name

Address

Telephone (W)

Email (W)

Occupation

Department (if applicable)

Secondary Guardian

Employer Name

Address

Telephone (W)

Email (W)

Occupation

Department (if applicable)

Other Persons to be notified in an Emergency

Whilst we will do our utmost to ensure the care and safety of your child at all times, there may be occasions when the child has an accident, injury or illness and the parents or guardians cannot be contacted. If this situation should arise, a staff member will need to contact an alternate person who is authorised to collect and care for the child. **Personal identification will be required from these people in order to collect your child on your behalf.**

Name

Address

Telephone (H)

Telephone (M)

Telephone (W)

Email

Relationship to the child

Name

Address

Telephone (H)

Telephone (M)

Telephone (W)

Email

Relationship to the child

Other Persons Authorised to Collect your Child

The following people are authorised to pick up your child on your behalf. **Personal identification will be required from these people in order to collect your child.** This list can be added to or changed throughout your child's enrolment. Any one not detailed below will not be permitted to collect your child with prior permission.

Person One

Name

Address

Telephone (H)

Telephone (M)

Telephone (W)

Relationship to the child

Person Two

Name

Address

Telephone (H)

Telephone (M)

Telephone (W)

Relationship to the child

Person Three

Name _____
Address _____

Telephone (H) _____
Telephone (M) _____
Telephone (W) _____
Relationship to the child _____

Person Four

Name _____
Address _____

Telephone (H) _____
Telephone (M) _____
Telephone (W) _____
Relationship to the child _____

Family Details

Please provide details of any siblings or other family members that live in your household.

1. Name: _____	Relationship: _____	DOB: _____
2. Name: _____	Relationship: _____	DOB: _____
3. Name: _____	Relationship: _____	DOB: _____
4. Name: _____	Relationship: _____	DOB: _____
5. Name: _____	Relationship: _____	DOB: _____

Child Custody Information

If parents are separated or divorced, is there a legal document specifying who has custody of or access to the child?

No (go to the next section) Yes (**please complete the following**)

Name of the custodial parent: _____

Any additional information about access arrangements: _____

Please supply the Centre with copies of Custody Orders or Access Arrangements that are in place for your child.

School Information

Does this child usually attend school? Yes No

When was, or when will this child be enrolled at school? _____

Health/Medical Information

Family Doctor's Name: _____

Family Doctor's Address: _____

Family Doctor's Telephone: _____ Child's Medicare Number _____

Preferred Hospital in Emergency: _____

Does your Child have any allergies? No (go to the next question) Yes (**please complete the following**)

Has your child been diagnosed at risk of anaphylaxis? No (go to the next question) Yes (**please attach action plan**) ***If you answer yes to any of the questions below you must provide a supporting letter from your local doctor.***

Allergies to Food: (please specify which foods and the signs/symptoms to be aware of, if any): _____

Other Allergies (please detail and specify the signs/symptoms to be aware of, if any): _____

Does your child have a history of illnesses or injuries? No (go to the next question) Yes (**please provide details**)

Does your child have any current medical conditions? No (go to the next question) Yes (**please provide details**)

Is your child currently on any prescribed medications? No (go to the next question) Yes (**please provide details**)

Information about your Child

The following information pages will be shared with your child's educators. Confidential copies will be kept with your child's developmental profile in their room as well as on the main file for office use.

Child's Name: _____ Date of Birth: _____

Usual time awake: _____ Usual evening bedtime: _____

Daytime sleep (approximate time of day and length): _____

What does your child take to bed? _____

Any special bedtime routines: (ways in which they are put to bed or positions they like to lie in): _____

Is your child toilet trained? _____

Are there any foods your child particularly likes? _____

Does your child have any fears? (e.g. noise, animals): _____

Does your child get upset when left with other people? _____

Languages spoken by the child: _____

Languages spoken at Home: _____

Cultural Background: _____

Does your child have any disabilities? (if yes, please answer below): _____

Which disability has your child been diagnosed with? _____

At what age was the child diagnosed?: _____

Any special management or handling of the child required? _____

Other agencies involved in the child's disability. (e.g. Speech pathology, physiotherapy) _____

Does your Child have any Special Need as listed below?

Is from a culturally and linguistically diverse background No Yes

Is from a refugee background and may have been subjected to trauma No Yes

Is an Indigenous child No Yes

The child's care has been arranged by a child protection worker No Yes

The child is in the care of the state, or other forms of out of home care No Yes

Are there any words that we may need to know that have special meaning to your child (translate where necessary): _____

Has your child been in care before (at another centre or at home with family)? No Yes (**please provide details**)

What do you love about your child that you would like to share with us? _____

How can we assist your child this year? What would you most want for your child at our centre? Are there any particular areas of concern that you feel we need to know about? _____

What information do you consider important for you to know each day and what is the best means of communicating this with you? _____

Is there any further information which you feel may assist us in providing the service best suited to your needs and the needs of your child? (e.g. recent significant events, family situation, religious beliefs etc): _____

Are there any skills that you or family members have that you would like to contribute to the Centre's program? _____

Immunisation Details

To be eligible for Child Care Benefit, your children must meet the immunisation requirements if they are under the age of seven. To meet the requirements, your child must be:

- Fully immunised or up-to-date according to the Australian Standard Vaccination Schedule; or
- On a catch-up vaccination schedule; or
- You have an approved exemption for your child
- You have been told by your doctor about the benefits and risks of immunising your child and you have a conscientious objection to immunising your child – your child's doctor or a recognised immunisation provider will need to complete a 'Medical Contraindication' form; or
- Immunising your child with a particular vaccine is medically contraindicated; or
- The child has a natural immunity to a disease or a vaccine is temporarily unavailable; or
- You or your partner are a member of a church that has beliefs against immunisation and you have a letter from an official of the Church advising that you are a practicing member of the Church.

Please provide a copy of your child's immunisation details to the centre along with the completed enrolment form.

Child Care Benefit (CCB) Information

To ensure that you are linked to our centre through the Child Care Management System ('CCMS') and to have Child Care Benefit('CCB') applied to your child care fees, you must contact Centrelink to register for CCB and to confirm that they have the correct name and date of birth for both the parent & child who are registered for CCB. Please complete the following information accurately to ensure that you receive CCB (if eligible):

Person Registered for CCB with Centrelink (details must be EXACTLY as per Centrelinks Records)

Full Name: _____

Date of Birth: _____ CRN: _____

Child Registered for CCB with Centrelink (details must be EXACTLY as per Centrelinks Records)

Full Name: _____

Date of Birth: _____ CRN: _____

Has this child attended another child care centre this financial year? Yes No

Is the child attending multiple child care centres? Yes No

If so how many hours of CCB do you nominate for this centre per week? _____

Verification of Details held by Centrelink

I confirm that:

1. The information I have provided above is true and correct and that I have provided Centrelink with this same information.
2. I am responsible for communicating this information to Centrelink.
3. I understand that I am responsible for all fees charged by the centre in relation to this enrolment.
4. I understand that if any details are incorrect then full child care fees are payable by me directly to the centre until the details are corrected with Centrelink.

Name: _____ Signature: _____ Date: _____

5.

Other Children in Care/Multiple Child CCB Percentage

If you have other children who are registered for CCB at another service, please complete the following information to ensure that you have the Multiple Child CCB Percentage applied to your account. As this information may change, we will ask you for updates periodically throughout the year to ensure the correct CCB percentage is applied.

Details of Other Children in Care

1. Full Name: _____ DOB: _____
2. Full Name: _____ DOB: _____
3. Full Name: _____ DOB: _____
4. Full Name: _____ DOB: _____
5. Full Name: _____ DOB: _____

Agreement & Consent to Terms

Child's Name: _____ Date of Birth: _____

1. Emergency or Accidents

In the event of an emergency, illness or accident, I / We give all staff at the centre consent to seek and provide Medical or Hospital attention for our child. I / We agree to pay any expenses incurred for Medical treatment and Transport. **I/We note that our child cannot be enrolled at the centre without this permission.**

2. Administering of Paracetamol

I / We agree for centre staff to administer ONE dosage of Paracetamol in the event of our child's body temperature rising above 38°C. I / We understand that the staff will make contact with either the Parents / Guardians or the Emergency Contacts to inform us that Paracetamol is being administered and discuss at the time further actions to take in the event that the temperature does not subside within an appropriate time frame.

3. Permission for Publication & Media

I / We hereby give consent for our child's photograph, name and age to be used for the room programming, child portfolios and centre displays and/or publications (e.g. Newsletters). I/We are aware that my child's photo may be included in other children's portfolios in a group situation for educational purposes and learning outcomes.

I / We also hereby allow my child/children to participate in media releases regarding the Centre for educational and advertising purposes only.

4. Permission for Observation

I / We give permission for our child to be observed for staff, student or visitor purposes. Students and visitors will be from accredited training programs and will work in conjunction with your child's educators. If questioning or testing is to be carried out I / we will be asked for further permission.

5. Enrolment Fee / Bond

I/We understand that to reserve my child's place it is required that a \$15 non-refundable enrolment fee per child is payable to the centre plus a \$20 refundable Bond per child. The bond will be refunded when your child ceases care at the centre.

6. Payment of Fees

I / We agree to maintain our fees as per the centre's fee policy (which is 2 weeks in advance at all times). We will ensure our fees are kept up to date by making payments on the required day via Ezi Debit or as agreed with the Centre (other payment methods are Centrepay, Bpay or Eftpos – Cash is not accepted). **I / We are aware that failure to pay due fees will result in a \$5 a week late fee charge and may result in the cancellation of care at the Centre's option.**

Where an Ezi Debit (direct debit) arrangement has been entered into, I/we authorize the centre to make withdrawals from my/our nominated account as specified in the Direct Debit Request Form, as determined the centre in accordance with the terms and conditions herein and in any subsequent agreement with the centre. I/we acknowledge that such withdrawals may include amounts representing any arrears that are owed by me/us. I / We understand that any costs incurred by the centre in collecting any arrears owed may be charged to my/our account. I/We understand that any fees owed to the centre that are not paid before the child ceases care at the centre will be forwarded to a Debt collection agency and will incur an additional 15% charge on top of what is owed to the centre.

7. Permission for Evacuations

I / We hereby give permission for our child to participate in regular evacuation drills. I / We understand that our child will be relocated from the Centre under the supervision of their educators and centre staff to a safety zone for evacuation purposes. (Please refer to the Centres Evacuation Plans and Procedures for information.)

8. Sunscreen Application

I / We agree for the Centre Staff to apply sunscreen regularly to our child for outdoor play purposes. I / We understand that the Centre may use a variety of sunscreen brands from time to time, and this information will be advised to us on Parent Communication Boards in the Centre foyer and rooms. If my child requires special sunscreen I/we agree to supply this product to the centre.

9. Insect Repellant Applications

I / We agree for Centre Staff to apply Insect Repellant to our child where necessary for indoor or outdoor purposes. I / We understand that the Centre may use a variety of insect repellant brands from time to time, and this information will be advised to us on Parent Communication Boards in the Centre foyer and rooms. If my child requires special repellant I/we agree to supply this product to the centre.

10. Child Care Benefit (Lump Sum Claims)

I / We understand that it is our responsibility to notify the Centre of our Customer Reference Numbers (CRNs) even where our family will not be claiming Child Care Benefit as reduced fees on a weekly basis.

11. Parent Handbook

I / We acknowledge that we have received and read the Centre's Parent Handbook. I / We understand any changes to this Handbook will be displayed on the Parent Communication Boards in the Centre foyer and rooms.

12. Centre Policies

I / We acknowledge that the Centre Policies are available in the Centre's foyer at all times to view. I / We understand that any changes to these policies will be carried out where appropriate in consultation with us as Parents / Guardians and any changes to these policies will be displayed on the Parent Communication Boards in the Centre foyer.

13. Cancellation of Care

I / We understand that two week's written notification is required in advance when cancelling care. Verbal notice is not accepted.

I/We understand that a Cessation of Care Form is required to be completed when giving two week's notice in advance for cancelling care. Failure to attend the centre during these last 2 weeks will result in my account being debited 2 weeks care at FULL FEES as CCB cannot be claimed if the child does not attend"

If a child is withdrawn without any notice, 2 weeks full fees will be automatically charged to your account. A Cessation of Care form can be collected from the office when you hand in your notice to the Director. The two week notice withdrawal is effective from the date it is lodged with the centre.

14. Fees for Public Holidays /Absent days

I / We understand that Public Holidays and absent days are charged at the normal daily fee rate and that complimentary make-up days will not be available. I/We understand that I/ We need to sign the child in and out each day they are booked in to receive Child Care Benefit and for accurate centre records. This includes writing 'absent' and signing on sick days or Public holidays the child would have normally attended.

15. Late Fees

I / We understand that late fees will be charged if our child is not collected by the advertised closing time, and that no Child Care Benefit can be claimed for this fee. Late fees charged are as follows: \$1 per minute for each minute that your child has not been collected after closing time.

16. Priority of Access

I / We understand that if our family falls under Priority Access we may be required to alter our days or give up our place in the Centre in order to provide a place for a higher Priority family according to the following Priority Access Guidelines and our Centre Policy: First Priority – children at risk or serious abuse or neglect; Second Priority – children of single parents who satisfy the work, training and study guidelines specified by the Government ; and Third Priority – all other children.

17. Infectious Diseases / Clearance Certificates

I / We understand that our child will be excluded from the Centre if they contract a contagious disease or condition. I / We understand that our child will not be accepted back into the centre until a 'clearance certificate' is issued from a Medical Practitioner. Please refer to our Centre Policies for further information.

18. Non - Immunisation

I / We understand that if our child is NOT immunised in accordance to the Government requirements (refer to our immunisation details page) our child will be excluded from the centre until the infectious period of the disease or condition has passed. (Please refer to our Centre Policies for further information).

19. Presence of Visitors and Volunteers

I / We understand that occasionally the Centre may have visitors and/or volunteers assisting in the Centre. I / We consent to our child being in the presence of visitors and/or volunteers under the Centre Staff supervision.

By signing this form I/we declare and confirm:

- I / We are lawfully authorised in relation to the Child referred to in this Enrolment Form;
- All information provided in this Enrolment Form is true and correct; and
- I/we have read, fully understand and agree to comply with all of the policies and procedures detailed in this Enrolment Form including items 1 to 19 above, and any other policies and procedures advised by the centre either directly or by making them available for perusal at the Centre.

Name of Primary Parent / Guardian: _____ Signature: _____ Date: _____

Name of Centre Director: _____ Signature: _____ Date: _____

OFFICE USE ONLY

Enrolment Details entered into Qikkids:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Child CRN Details matched in Qikkids:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Parent CRN Details matched in Qikkids:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Child Immunisation record sighted and copy kept at centre	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ezi Debit Authority Signed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Enrolment Fee/Bond Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No Receipted Date: _____		
Enrolment form signed and dated by parent:	<input type="checkbox"/> Yes	<input type="checkbox"/> No