



## Child Enrolment Form

This form must be completed by a Parent or a Guardian who has lawful authority in relation to the child.

CHILD NAME: \_\_\_\_\_ When would you prefer care to start \_\_\_\_/\_\_\_\_/\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Before School 6AM-9AM						
After School 3PM-6PM						
Half Day 9AM-3PM						
Full Day 7.30AM-5.30PM						
Vocation Care (10 Hours)						

### Child's Information

Child's first name:		Family name:	
Date of birth:		Place of birth:	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		What language does your child speak?	
Home address:			
Centrelink Customer Reference Number <b>Child's CRN:</b>			
Medicare number:		Expiry date:	Position on card:
<b>Cultural Background:</b> Are there any cultural or religious considerations for your child? <input type="checkbox"/> No <input type="checkbox"/> Yes –Please provide details:			
Is your child from Aboriginal <input type="checkbox"/> or Torres Strait Island <input type="checkbox"/> Neither <input type="checkbox"/>			
Does your child have any siblings?			
Name:		Date of birth:	M/F
Name:		Date of birth:	M/F
Name:		Date of birth:	M/F
Does your Child have additional needs? <input type="checkbox"/> No <input type="checkbox"/> Yes - Please provide details:			

## Court Orders

Are there any court orders parenting orders or parenting plans relating to powers, duties, responsibilities or authorities of any person in relation to the child or access to the child affecting the access and contact of your child?

No

YES – Please attach a copy

**\*\*DOCUMENTS REQUIRED\*\***

Are there any details of any other court orders relating to the child's residence or the child's contact with parent or any other person?

NO

YES – Please attach a copy.

## Immunization Details

Please specify which of the following documents confirming the child's immunisation status has been provided at the point of enrolment and attached to this enrolment record in accordance with the requirements of section 87(1), (2) and (3) of the [Public Health Act 2010](#):

Refer to [regulation 162\(h\)](#) for more information

Please note that section 87 the Public Health Act 2010 prevents an approved provider of an education and care service to enrol or allow the enrolment of a child into that service unless one of the above documents has been provided in regards to the child's immunisation status.

Is your child's immunized?

YES  NO

You will need to provide copy evidence of your child's immunization records.

Certificate of Immunization

Certificate of exemption required under section 87(1),(2)and (3) Public Health ACT 2010 NSW

**\*\*DOCUMENTS REQUIRED\*\***

Your permission is required for other people to collect your child from the centre on your behalf. Please list below people authorized to collect your child on your behalf. In the event that you are unable to collect your child the list below will be automatically used to arrange collection of your child. This table also includes an authority to authorise form, which means that you give permission to someone else to authorize or make a decision on your behalf.

Parent / Guardian Information  *Each known parent of the child must be included on this enrolment record	Parent / Guardian 1	Parent / Guardian 2 <input type="checkbox"/> N/A
	Full name:	Full name:
	Relationship to child:	Relationship to child:
	Home phone:	Home phone:
	Work phone:	Work phone:
	Mobile:	Mobile:
	Email:	Email:
	Address:	Address:
	Cultural background:	Cultural background:
Parent /Guardian CRN:	Parent /Guardian CRN:	

### Authorisations

Emergency Contacts and Authorised Persons Information	Person 1	Person 2
	Name:	Name:
	Relationship to child:	Relationship to child:
	Address:	Address:
	Home phone:	Home phone:
	Work phone:	Work phone:
Mobile:	Mobile:	

Authorised to be notified of an emergency involving my child if any parent/guardian cannot be immediately contacted.

No  Yes

Authorised to collect my child from the service.

No  Yes

Authorised to consent to medical treatment to my child, from a registered medical practitioner, hospital or ambulance service.

No  Yes

Authorised to consent to administration of medication to my child.

No  Yes

Authorised to authorise an educator to take my child outside the service premises.

No  Yes

Authorised to authorise the education and care service to transport or arrange transportation of my child.

No  Yes

Authorised to be notified of an emergency involving my child if any parent/guardian cannot be immediately contacted.

No  Yes

Authorised to collect my child from the service.

No  Yes

Authorised to consent to medical treatment to my child, from a registered medical practitioner, hospital or ambulance service.

No  Yes

Authorised to consent to administration of medication to my child.

No  Yes

Authorised to authorise an educator to take my child outside the service premises.

No  Yes

Authorised to authorise the education and care service to transport or arrange transportation of my child.

No  Yes

Person 3	Person 4
Name:	Name:
Relationship to child:	Relationship to child:
Address:	Address:
Home phone:	Home phone:
Work phone:	Work phone:
Mobile:	Mobile:
<p>Authorised to be notified of an emergency involving my child if any parent/guardian cannot be immediately contacted.  <input type="checkbox"/> No   <input type="checkbox"/> Yes</p> <p>Authorised to collect my child from the service.  <input type="checkbox"/> No   <input type="checkbox"/> Yes</p> <p>Authorised to consent to medical treatment to my child, from a registered medical practitioner, hospital or ambulance service.  <input type="checkbox"/> No   <input type="checkbox"/> Yes</p> <p>Authorised to consent to administration of medication to my child.  <input type="checkbox"/> No   <input type="checkbox"/> Yes</p> <p>Authorised to authorise an educator to take my child outside the service premises.  <input type="checkbox"/> No   <input type="checkbox"/> Yes</p> <p>Authorised to authorise the education and care service to transport or arrange transportation of my child.  <input type="checkbox"/> No   <input type="checkbox"/> Yes</p>	<p>Authorised to be notified of an emergency involving my child if any parent/guardian cannot be immediately contacted.  <input type="checkbox"/> No   <input type="checkbox"/> Yes</p> <p>Authorised to collect my child from the service.  <input type="checkbox"/> No   <input type="checkbox"/> Yes</p> <p>Authorised to consent to medical treatment to my child, from a registered medical practitioner, hospital or ambulance service.  <input type="checkbox"/> No   <input type="checkbox"/> Yes</p> <p>Authorised to consent to administration of medication to my child.  <input type="checkbox"/> No   <input type="checkbox"/> Yes</p> <p>Authorised to authorise an educator to take my child outside the service premises.  <input type="checkbox"/> No   <input type="checkbox"/> Yes</p> <p>Authorised to authorise the education and care service to transport or arrange transportation of my child.  <input type="checkbox"/> No   <input type="checkbox"/> Yes</p>

**Medical Treatment Consent**

I give consent for the approved provider, a nominated supervisor or educator to seek:

- Medical treatment for my child from a registered medical practitioner, hospital or ambulance service and
- Transportation by an ambulance service.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

## CHILDS' MEDICAL AND HEALTH INFORMATION

Name of Doctor:	Phone number:
Address:	
Are you in a private health fund?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Name of private health fund:	Membership number:

*Please note that section 87 the Public Health Act 2010 prevents an approved provider of an education and care service to enrol or allow the enrolment of a child into that service unless one of the above documents has been provided in regards to the child's immunisation status.*

## MEDICAL HISTORY FORM

### 1. Medical Conditions (Child or Family)

Do you or any immediate family members suffer from any of the following medical conditions?

- Anaphylaxis
- Asthma
- Epilepsy
- Heart Condition
- Diabetes
- None

**Yes** – Please provide details:

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### 2. Risk of Anaphylaxis

Has your child been diagnosed as being at risk of Anaphylaxis?

No

Yes – Please provide details:

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### 3. Diagnosed Medical Conditions

Does your child have any diagnosed medical conditions?

No

Yes – If yes, please list the condition(s), symptoms, treatment, and any medication your child is currently taking:

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- If you answered **Yes**, please provide copies of any Medical reports/Treatment plans/Action plans/Any additional relevant medical information

#### DOCUMENTS REQUIRED

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### 4. Allergies

Does your child have any allergies?

No

Yes

If yes, please provide details of Triggers/Symptoms/ Treatment and/or medication:

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#### DOCUMENTS REQUIRED

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### 5. Food Allergies or Intolerances

Does your child have any food allergies and/or intolerances?

No

Yes

If yes, please provide details of Triggers/Symptoms/ Treatment and/or medication:

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**DOCUMENTS REQUIRED**

**6. Disabilities or Learning Difficulties**

Does your child have any disabilities or learning difficulties?

No

Yes – Please provide details of any additional requirements your child may need during the day while in care:

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**MEDICATION AUTHORIZATION**

Administration of Panadol Syrup / EpiPen / Ventolin Inhaler (Children’s)

I give permission for the Nominated Supervisor or Educators of Kreative Kidz Pre-School to administer any of the above medications to my child when required. I acknowledge that this action may be carried out by staff while waiting for me to collect my child.

Please tick:

Panadol

EpiPen

Ventolin Inhaler

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**SELF-ADMINISTRATION OF MEDICATION POLICY**

At Kreative Kidz Pre-School, staff and educators administer medications, including for school-aged children. Staff and educators are required to complete an “Administering Medication” form each time a child is given medication.

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Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **TRANSPORTATION**

Kreative Kidz Pre-School is committed to meeting all regulatory requirements to ensure the safe transportation of children by our service, including for excursions.

Please tick:

YES – I require Kreative Kidz Pre-School to provide transport.  
(If YES, please complete a separate Transportation Authorisation Form.)

NO – I do not require transport arranged by Kreative Kidz Pre-School.

Transport Required:  YES  NO

Parent Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **OTHER PERMISSIONS**

### **1. PUBLICITY PERMISSION**

I give permission for my child's photograph to be used for centre displays.

YES  NO

I give permission for my child's photograph to be published on the Kreative Kidz Facebook page.

YES  NO

I give permission for my child's photograph to be published in the Kreative Kidz Newsletter.

YES  NO

I give permission for my child's photograph to be published on the Kreative Kidz Website.

YES  NO

I give permission for group photos including my child to be shared with other families throughout the year.

YES  NO

## **2. SPECIAL OCCASIONS**

I give permission for my child to share birthday cake throughout the year.

YES  NO

I give permission for my child to have their face painted throughout the year.

YES  NO

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## **3. SUNSCREEN**

I give permission for staff to apply sunscreen to my child regularly throughout the day.

YES  NO

## **4. CENTRE EXCURSIONS**

I understand that from time to time my child may attend excursions and agree to sign a separate permission form for excursions that require my child to leave the centre premises. I understand that I will be informed of any incursion prior to my child participating.

I agree and give authorisation for my child/children to be transported by Kreative Kidz during excursion trips.

YES  NO

Parent Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **POLICY ACKNOWLEDGEMENT**

YOU ARE REQUIRED TO READ AND INITIAL TO ACKNOWLEDGE THAT YOU ARE AWARE OF OUR POLICIES AND PROCEDURES IN EACH INSTANCE.

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### **1. EMERGENCY AND ACCIDENT PROCEDURES**

Staff will take every care of your child whilst they are at the centre; however, the centre cannot be held responsible for any accidents that may occur.

If your child becomes sick and/or has an accident requiring medical treatment, we will attempt to contact you first (except in the case of an emergency where an ambulance is required). If we are unable

to contact you, we will contact the next person listed on your authorised contact list to collect your child and arrange transport home or to a doctor/hospital.

Any emergency medical and/or transport costs incurred will be the responsibility of the parent/guardian.

Initial: \_\_\_\_\_

## 2. AUTHORISATION FOR MEDICAL TREATMENT

I authorise the approved provider, nominated supervisor, educator, or authorised nominee to:

- (i) Seek medical treatment for my child from a registered medical practitioner, hospital, or ambulance service;
- (ii) Arrange transportation of my child by ambulance;
- (iii) Obtain any necessary emergency medical or dental treatment for my child and agree to pay any costs incurred;
- (iv) Provide authorisation under Regulation 102 for regular outings (if applicable);
- (v) Provide authorisation under Regulation 102D(4) for regular transportation (if applicable).

I agree and give authorisation for my child/children to be transported by ambulance in the case of an incident, accident, or emergency.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Initial: \_\_\_\_\_

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3. I agree to collect or arrange for the collection of my child should he or she becomes unwell whilst attending the service.

Initial: \_\_\_\_\_

4. I agree that if my child is unwell, I will keep them at home until they are well enough to attend care.

Initial: \_\_\_\_\_

5. I agree to exclude my child for the required period from care if they are not immunised and there is a vaccine-preventable disease present.

Initial: \_\_\_\_\_

6. I agree to sign my child in and out of care for absent days and each time he or she attends or has been booked to attend.

Initial: \_\_\_\_\_

## **EMERGENCY EVACUATION**

In the event of an emergency (e.g. fire), children will be required to evacuate the centre. Children will be fully supervised during this procedure. Please refer to the evacuation plan for the designated meeting point.

Initial: \_\_\_\_\_

7. I understand the daily charges for care and agree to pay fees in accordance with the Policies set by Kreative Kidz Pre-School. If Centrelink has not allocated CCB or CCR, I agree to pay the full fee until deductions are applied.

Initial: \_\_\_\_\_

8. I understand and agree that I must provide sufficient nappies, wipes, and/or creams for my child. I agree to abide by all Kreative Kidz Child Care Centre Policies and Procedures, including fees and charges incurred.

Initial: \_\_\_\_\_

9. I give permission and agree to the self-administration of medication for school-age care in accordance with Regulation 90 and the Kreative Kidz Medication Policy.

Initial: \_\_\_\_\_

10. I agree and give authorisation to staff at Kreative Kidz to allow my child to access the front car park for incursion purposes (e.g. Police, Fire Brigade, Dentists, and Local Community visitors).

Initial: \_\_\_\_\_

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11. I agree to abide by all Kreative Kidz Child Care Centre Policies and Procedures, including fees and charges incurred.

Initial: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### DECLARATION

I \_\_\_\_\_

(Print full name)

A person with lawful authority of the child referred to in this enrolment form;

Declare that the information is correct and true and I will update any changes to this information immediately with the service.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Any other relevant information

## DOCUMENTS REQUIRED

- Court Orders: YES NO N/A
- Immunisations: YES NO Exemption Given
- Medical Action Plans: YES NO N/A
- Allergies / Food Intolerance: YES NO N/A
- Birth Certificate: YES NO
- Centrelink CRN Card: YES NO
- Proof of Address: YES NO

## Fees Policy

- The Service's Fee Policy is explained to parents at enrolment, and the necessary paperwork relating to fees is discussed and completed.
- The Service notifies (in writing) parents of children enrolled at the Service, at least 14 days in advance, of any change that will affect the fees charged or the way in which fees are collected.
- Families are required to pay an administration/bond for each child when lodging enrolment forms. This fee is refunded on the child's last day at the Service providing all fees have been settled.
- The current Fee Schedule is available at the administration desk. Upon enrolment, parents are required to pay two weeks' fees in advance for each child. If families provide the child's Customer Reference Number (CRN) and date of birth, the fee will be CCS adjusted. If not, the full fee will need to be paid. Once two (2) weeks' written notice of intention to withdraw the child has been received by the Service, the advanced fee is used for those two weeks, and any difference refunded.
- Fees are to be paid on or before the child's first day of attendance each week and can be paid by Direct Debit to Kreative Kidz Bank account or a third party nominated by Kreative Kidz Preschool.
- Fees are always to be kept one week in advance. Normal fees apply to Public Holidays, sick days, family holidays and any other absence. Fees are not charged for days when the Service is closed outside of Public Holidays. Child Care Subsidy is paid for a child's absences up to 42 days per child each financial year. The Service does not exchange days of care and does not arrange make up days.
- Receipts are issued for all fee payments. The receipt will show the child's name, the period for which the receipt is issued, the amount paid. If an overpayment is made, no change will be given but the excess will be credited to the family's account.
- Fee reminders are sent to any family one or more weeks late in the payment of fees. If the fees are not paid within the following week or an arrangement not entered; the child's place at the Service is at risk. A late fee of \$2.00 per day is applied to any overdue fees.
- Parents are advised to contact the Family Assistance Office directly to determine their eligibility for CCS before the child commences at the Service.

- The Service requires full two weeks' written notice of an intention to change the days or the number of days required or to withdraw a child from the Service. The two weeks' notice begins from the close of business on the day the Service receives the written advice.

#### Fees

- **A late fee of \$1 per minute by the Centre clock for each minute per child will be charged for any child collected later than the Service's agreed time with the parent for the session they have booked.**
- Please refer to fees policy for fees .

Before School 6am – 9am (3 Hours)

After School 3pm – 6pm (3Hours)

Childcare Short Session 9am – 3pm (6 Hours)

Childcare Long Day Session 7.30am-5.30pm (10 Hours)

Childcare Full Day 6:00am -6:00pm (12 Hours)

## COMPLYING WRITTEN ARRANGEMENT

The approved provider and parent/guardian must agree up-front on the arrangements for the care of a child. Arrangements must be recorded and kept up to date to ensure compliance.

CWA Complying Written Arrangement	A CWA is an ongoing agreement between the ECEC service provider and parent or guardian to provide care in return for fees
RA Relevant Arrangement	An RA is an enrolment type used for families not wishing to claim CCS
ACCS Additional Child Care Subsidy (Child Wellbeing)	ACCS is used when a childcare provider identifies that a child is at risk of serious abuse or neglect but there is no individual identified who is eligible for ACCS
Arrangement with an organization	Arrangement where a 3 <sup>rd</sup> party organization is liable for the fees for the care of the child

#### CWA AGREEMENT

The written arrangement must contain a minimum amount of information set out in subsection 200b(3) of the family assistance administration act.

Arrangement type	<input checked="" type="checkbox"/> CWA <input type="checkbox"/> RA <input type="checkbox"/> ACCS <input type="checkbox"/> Arrangement with an organization		
CWA/ Enrolment start date			
Service name	Kreative Kidz Preschool		
Address	300 Wilson Rd Green Valley NSW 2168	Email	kreative@outlook.com.au
Service Approval	SE-00007951	Phone number	02 96089900
PARENT/GUARDIAN DETAILS			

Parent/Guardian name		Date of birth	
Parent/Guardian CRN		Email	
Address		Phone number	

CHILD DETAILS			
Child's full name		Date of birth	
Child CRN			

ENROLMENT DETAILS					
Days attended: (please circle)	Monday	Tuesday	Wednesday	Thursday	Friday
Session start time					
Session end time					
Care arrangement	<input type="checkbox"/> Routine Care    Casual Care <input type="checkbox"/> Flexible Care <input type="checkbox"/>				
Routine care fees to be charged	Please refer to Fee Schedule				
Casual care fees to be charged	Please refer to Fees Schedule				
Parties understand and are aware fees may vary from time to time.					

<p><b>CONFIRMATION OF CWA AGREEMENT</b></p> <p>This CWA agreement is an ongoing agreement between the ECEC Service provider and the parent or guardian, to provide childcare in exchange for fees.</p> <p>I/We: _____</p> <ol style="list-style-type: none"> <li>1. Give consent to the enrolment of the admitting child</li> <li>2. Declare that the information in the enrolment form is true and correct and undertake to immediately inform the children's service in the event of any change to this information</li> <li>3. Understand that the person/s nominated as parent/carer are the authorised parties to enrol, cancel enrolment, release and authorise release of the child</li> <li>4. Agree to provide enrolment information to the Australian Government Department of Education and Training and the Department of Human Services (Centrelink) so that I/we can be contacted and provided with information on the new Child Care Subsidy and the Additional Child Care Subsidy that can be claimed for the first time at this service. <b>(Note families are required to register for these subsidies from April 2018 and the first claims will be from 2 July 2018).</b></li> </ol> <p><b>More information can be found on the Department of Human Services website:</b>  <a href="http://www.humanservices.gov.au/individuals/services/centrelink/child-care-subsidy#a1">www.humanservices.gov.au/individuals/services/centrelink/child-care-subsidy#a1</a></p> <ol style="list-style-type: none"> <li>5. Agree to comply with all Government requirements in relation to the service</li> <li>6. Agree that in the case of accident or injury, the service will attempt to contact me/us and where I/we cannot be contacted medical care and/or ambulance services may be sought and given to the child, and I/we agree to meet any cost incurred</li> <li>7. Are aware that the child will be excluded from care at the service if he/she has contracted a contagious disease or condition</li> </ol>
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8. Understand that the child will be accepted back into the service once a 'clearance certificate' for the child from a medical practitioner is received
9. Are aware that the service may require presentation of a medical certificate in the event of the child developing a medical disability or abnormality
10. Agree to provide the service with all information regarding the health of my/our child
11. Are aware that the service may occasionally have visitors, or volunteers at the service, and consent to my/our child being in the presence of volunteers or visitors, with the service's appropriate supervision
12. Agree to pay the fees on the due day by method prescribed in the Service Fees Policy
13. Are aware that **to cancel child care**, that is booked in Permanent care, I/we are required to give notice **in writing two weeks prior to the date of withdrawal**; otherwise fees will continue to be charged. During this period, we are aware that if our child does not attend we are liable to pay full fees.
14. Are aware that fees are payable for all booked days, including absent days, i.e. sick days, and family holidays.
15. Understand that a system of payment for late collection operates at the service, to cover overtime payments to staff, and that I/we are obliged to drop off/pick up the child as negotiated with the service. Any late collection will result in a fee being charged.

**I/We have read, understood and agree to abide by the conditions of this Enrolment Agreement.**

**Primary Parent / Carer Service Coordinator/Director**

**Print Name** \_\_\_\_\_

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

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

I, \_\_\_\_\_, **have read and understood the above mentioned and agree to the terms.**

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

Parent/Guardian Name		Date	
Parent/Guardian Signature			

Nominated Supervisor Name		Date	
Nominated Supervisor Signature			

**Office Use Only:**

Enrolment record completed in full?  No  Yes

Immunisation History Statement provided?  No  Yes  N/A (School aged child)

Immunisation register updated (see [Immunisation toolkit](#))  No  Yes

If applicable:

- Court Orders or Parenting plans received?  No  Yes  N/A
- Medical Management Plan received?  No  Yes  N/A
  - Risk Minimization plan developed in consultation with parent(s)/guardian(s)?  No  Yes  N/A
  - A communication plan is discussed with parent(s)/guardian(s)?  No  Yes  N/A
- A child health record for the child under regulation 162(g) has been sighted  No  Yes  N/A
- A copy of the medical conditions policy has been provided to the child's family?  No  Yes  N/A

- A written authorisation given under regulation 102 for the service to take the child on regular outings?  
 No    Yes    N/A
- A written authorisation given under regulation 102D(4) for the regular transportation of the child?  
 No    Yes    N/A

Name of Nominated Supervisor/Responsible Person /Educator who checked the enrolment record and sighted the applicable documentation:

Signature:

Date:

### RECORD OF UPDATES

1.	Name of Authorised Person :
	Reason for Update:
	Signature:
	Date:
2.	Name of Authorised Person :
	Reason for Update:
	Signature:
	Date:
3.	Name of Authorised Person :
	Reason for Update:
	Signature:
	Date: