



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 Child's CRN: | | |
| Medicare number: | Expiry date: | Position on card: |

Cultural Background: Are there any cultural or religious considerations for your child?

No Yes –Please provide details:

Is your child from Aboriginal or Torres Strait Island Neither

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 an additional need? No 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?

| | |
|--------------------------|---------------------------|
| <input type="checkbox"/> | No |
| <input type="checkbox"/> | 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?

| | |
|--------------------------|----------------------------|
| <input type="checkbox"/> | NO |
| <input type="checkbox"/> | 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 <input type="checkbox"/> | NO <input type="checkbox"/> |
|----------------------------|------------------------------|-----------------------------|

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

| | |
|--------------------------|---|
| <input type="checkbox"/> | Certificate of Immunization |
| <input type="checkbox"/> | 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 | |
| | 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: | | |
| Parent /Guardian CRN: | | |

Authorisations

| | | |
|---|------------------------|------------------------|
| Emergency Contacts and Authorised Persons Information | Person 1 | |
| | Name: | Name: |
| | Relationship to child: | Relationship to child: |
| | Address: | Address: |
| | Home phone: | Home phone: |
| | Work phone: | Work phone: |
| Mobile: | Mobile: | |
| 1. 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 | | |
| 2. Authorised to collect my child from the service. <input type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 3. 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 | | |
| 4. Authorised to consent to administration of medication to my child. <input type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 5. Authorised to authorise an educator to take my child outside the service premises. <input type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 6. Authorised to authorise the education and care service to transport or arrange transportation of my child. <input type="checkbox"/> No <input type="checkbox"/> Yes | | |
| Person 2 | | |
| 1. 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 | | |
| 2. Authorised to collect my child from the service. <input type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 3. 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 | | |
| 4. Authorised to consent to administration of medication to my child. <input type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 5. Authorised to authorise an educator to take my child outside the service premises. <input type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 6. Authorised to authorise the education and care service to transport or arrange transportation of my child. <input type="checkbox"/> No <input type="checkbox"/> 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: |
| 1. 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 | 1. 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 |
| 2. Authorised to collect my child from the service. <input type="checkbox"/> No <input type="checkbox"/> Yes | 2. Authorised to collect my child from the service. <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 3. 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 | 3. 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 |
| 4. Authorised to consent to administration of medication to my child. <input type="checkbox"/> No <input type="checkbox"/> Yes | 4. Authorised to consent to administration of medication to my child. <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 5. Authorised to authorise an educator to take my child outside the service premises. <input type="checkbox"/> No <input type="checkbox"/> Yes | 5. Authorised to authorise an educator to take my child outside the service premises. <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 6. Authorised to authorise the education and care service to transport or arrange transportation of my child. <input type="checkbox"/> No <input type="checkbox"/> Yes | 6. Authorised to authorise the education and care service to transport or arrange transportation of my child. <input type="checkbox"/> No <input type="checkbox"/> Yes |

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: _____

CHILD'S 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

Do you or any family members suffer from a medical condition?

e.g. Anaphylaxis, Asthma, Epilepsy, Heart Condition, Diabetes.

No Yes –Please provide details

Has your child been diagnosed as risk of Anaphylaxis

No Yes -Please provide details

Does your child have any diagnosed medical conditions?

NO

Yes If so please list below the condition, symptoms, treatment and any medication your child is taking for the condition.

If you answered yes to the above question, please provide any medical reports, treatment plans, action plans and any other information for your child's diagnosed condition that may assist us in the provision of care for your child. ****DOCUMENTS REQUIRED****

Does your child have any allergies? NO
Yes

If yes please provide details of any triggers and symptoms. Please list treatment and or medication your child takes for this allergy. ****DOCUMENTS REQUIRED****

Does your child have any food allergies and or intolerances?

NO

Yes- Please provide details of any triggers and symptoms. Please list treatment and or medication your child takes for these allergies or intolerances.

****DOCUMENTS REQUIRED****

Does your child have any disabilities or learning difficulties?

NO

Yes please provide details of any requirement your child may need during a day at care.

Medication Authorization

Administration of Panadol Syrup /Epi Pen/Ventolin Inhaler (Childrens)

I give permission for the Nominated Supervisor or Educators of Kreative Kidz Pre-School to administer any of the above to my child when needed. I acknowledge that this action may be carried out by staff whilst the staff waits for me to pick up my child.

Please tick Panadol Epi Pen Ventolin Inhaler

Self – Administration of Medication Policy

At Kreative Kidz Preschool staff and educators administer medications, including for school age children. Staff and Educators must complete an Administering Medication Form each time a child is given their medication.

Name _____ Signature _____

Transportation

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

Please tick **YES** if you require Kreative Kidz Preschool to provide transport

(If you require Kreative Kidz Preschool to provide transport service, please fill a separate authorisation form)

Or **NO** if you do not require transport arranged by Kreative Kidz Preschool.

Transport Required YES No

Parent Name: _____ Signature _____

Other Permissions

Permission for Publicity

I give permission for my child's photograph to be used for centre displays. Yes No

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

YES NO

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

YES NO

I give permission for my child's photos 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

1. 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

2. SunBlock

I give permission for staff to apply sun -screen/block to my child regularly throughout the day. YES NO

3. Centre Excursions

I understand that from time to time my child may attend excursions and agree to sign separate permission form to go on 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 authorization for my child/children to be transported by Kreative Kidz during Excursion trips.

YES NO

Parent Name: _____

Signature: _____

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

4. Staff to act in case of emergency and or accident.

Staff will take every care of your child whilst they are at the centre but cannot be held responsible for any accidents that may occur. If your child is sick and or has an accident that needs medical treatment, we will try 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 ring the next person on your authority/contact list to come and collect your child to be taken either home or the doctors/hospital. (Any emergency medical and or transport cost incurred will be the responsibility of the parents/guardians).

Authorities

I authorise to consent to the medical treatment of the child, for the approved provider, a nominated supervisor or an educator and the nominated authorized nominee to seek

- (i) medical treatment for the child from a registered medical practitioner, hospital or ambulance service; and
- (ii) transportation of the child by an ambulance service; and
 - (b) if relevant, an authorisation given under regulation 102 for the education and care service to take the child on regular outings; and
 - (c) if relevant, an authorisation given under regulation 102D(4) for regular transportation of the child.

iii I authorize the staff of Kreative Kidz Preschool to obtain any necessary emergency medical/dental treatment for my child and I agree to pay any costs incurred.

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

Name _____

Signature: _____

6. I agree to collect and make arrangements for the collection of the child referred to in this enrolment form should he or she become unwell whilst attending the service
Initial:_____

7. I agree that if my child is unwell I will keep them home until well enough to attend child care. Initial:_____

8. I agree to exclude my child for the required period from care if they are not immunized, if there is a vaccine preventable disease. Initial:_____

9. I agree to sign my child in and out of care for absent days, as well as every time he or she attends or has been booked in to attend.

10. Initial:_____

11. Emergency evacuation - In the event of an emergency e.g. fire; the children will be required to evacuate the centre. The children will be fully supervised during this procedure. Please see evacuation plan for meeting point. Initial:_____

12. I understand the daily charges of day care and agree to pay the cost of sending my child to care in conjunction with the Policies set by Kreative Kidz Preschool. If Centrelink has not allocated CCB or CCR, I agree to pay full fee until the deductions come through. Initial:_____

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

Initial_____

14. I give permission and I agree to the self administration of medication for school age care regarding reg.90 and the Kreative Kidz medication policy
Initial _____

15. I agree and give authorization to staff at Kreative Kidz to allow my Child to access the front car park for incursion purposes e.g. Police, Fire Brigades, Dentists, Local CommunityPeople visit.

Parent/Guardian Name..... Signature.....

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

Parent/Guardian Name..... Signature.....

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
- MEDICALACTION PLANS YES NO N/A
- ALLERGIES /FOOD INTOLERANCE YES NO N/A
- BIRTH CERTIFICATE YES NO
- CENTRE LINK 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 rd 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 <input type="checkbox"/> Casual Care <input type="checkbox"/> Flexible Care | | | | |
| 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. | | | | | |

| | | | | | |
|--------------------------------------|--|--|--|--|--|
| CONFIRMATION OF CWA AGREEMENT | | | | | |
|--------------------------------------|--|--|--|--|--|

This CWA agreement is an ongoing agreement between the ECEC Service provider and the parent or guardian, to provide childcare in exchange for fees.

| | | | |
|---------------------------|--|------|--|
| 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/Family day care 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: |