



## 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		
Child's first name:	Family name:	
Date of birth:	Place of birth:	
Gender:            Male <input type="checkbox"/> Femal <input type="checkbox"/>	What language does your child speak?	
Home address:		
Centrelink Customer Reference Number		
Child's <b>CRN</b> : _____		
Medicare number:	Expiry date:	Position on card:
Religion:		
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
Parents/Guardians are required to fully disclose any additional needs their child may have that are relevant to Kreative Kids Child Care & Pre-school duty of care to both staff and children involved in the program.		

<b>Parent or Guardian Information</b>	
<b>Mother</b>	<b>Father</b>
First name:	First name:
Surname:	Surname:
Date of birth:	Date of birth:
Address: (if different from the enrolled child).	Address: (if different from the enrolled child).
<b>CRN:</b>	<b>CRN:</b>
Are you of Aboriginal <input type="checkbox"/> or Torres Strait Island <input type="checkbox"/>	Are you of Aboriginal <input type="checkbox"/> or Torres Strait Island <input type="checkbox"/>
<b>Contact details</b>	<b>Contact details</b>
Home phone:	Home phone:
Mobile phone:	Mobile phone:
Work phone:	Work phone:
Email:	Email:
Occupation:	Occupation:
Place of work:	Place of work:
Languages Spoken:	Languages Spoken:
<b>Court Orders</b>	
Are there any court orders affecting the access and contact of your child?	YES      NO
If yes, you will need to show evidence of these orders <b>**DOCUMENTS REQUIRED**</b>	

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

Emergency Contact 1	Emergency Contact 2
First name:	First name:
Surname:	Surname:
Address:	Address:
Date of Birth:	Date of Birth:
Drivers License #	Driver's License #
Relationship to child:	Relationship to child:
Place of employment:	Place of employment:
Home phone:	Home phone:
Mobile phone:	Mobile phone:
Work phone:	Work phone:

## FIRST EMERGENCY CONTACT- AUTHORISED NOMINEE

*Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v) 161 (1a, l, ii, 1b)*

There may be times or situations where your child has had an accident, injury, trauma or illness and parent/s cannot be reached or are unable to collect their child. Please provide information about two people who are authorised to be contacted in case of an emergency and/or are authorised to collect your child. Each person must live a maximum of **30 minutes** from the Service and must provide identification when collecting the child. Please note only a parent can authorise other persons to have the authority to authorise a child to go on an excursion and/or the child being transported by the service, or on transportation arranged by the service (Regulations 102(4) and 102D(4)).

Please ensure you have obtained the person's consent before listing them as an emergency contact.

Full Name			
Relationship to child			
Phone Number	(H)		
	(M)		
	(W)		
Address			
Email Address			
Can this person be contacted to deliver/collect your child from the education and care service	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Can this person be contacted to give consent or to authorise for a Nominated	Yes/No	Parent 1 Signature	

Supervisor or educator for: (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; in the event that you cannot be contacted? (Please Circle)			
		Parent 2 Signature	
Can this person be contacted to give consent for educators to take the child(this may include regular outings) outside the Service's premises in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	

## SECOND EMERGENCY CONTACT- AUTHORISED NOMINEE

*Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v) 161 (1a, l, ii, 1b)*

Full Name			
Relationship to child			
Phone Number	(H)		
	(M)		
	(W)		
Address			
Email Address			
Can this person be contacted to deliver/collect your child from the education and care service	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Can this person be contacted to give consent or to authorise for a Nominated Supervisor or educator for: (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; in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Can this person be contacted to give consent for educators to take the child outside (this may include regular outings) the Service's premises in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	

## Transportation

Please Note Kreative Kidz does not organise or arrange transportation for families or children for before and afterschool care or long day care. All Transportation is to be arranged by families and Bus or transport services directly. Provisions are in place in case of an emergency or an excursion. \_\_\_\_\_ (Sign Acknowledgement)

### 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:

### Immunization Details

Is your child's immunized?	YES <input type="checkbox"/> NO <input type="checkbox"/>
You will need to show evidence of your child's immunization records. <b>**DOCUMENTS REQUIRED**</b>	

### Medical History

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

e.g. Asthma, Epilepsy, heart condition, Diabetes. Yes  No

If so please list below.

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Does your child have any diagnosed medical conditions? Yes  No

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

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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\*\***

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Does your child have any allergies? YES NO

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

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Does your child have any food allergies and or intolerances?  YES  NO

If 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\*\***

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Does your child have any disabilities or learning difficulties?  YES  NO

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

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### Medication Authorization

I give permission for the director and staff of Kreative Kidz Pre-School to administer Panadol syrup to my child for pain or Fever. I acknowledge that this action may be carried out by staff whilst the staff waits for me to pick up my child.

### Self – Administration of Medication Policy

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

Signature \_\_\_\_\_

Please tick your Preferred mode of communication for any updates and about your child's progress at Kreative Kidz.

E-mail (E-mail address) \_\_\_\_\_

Phone/Text messaging: \_\_\_\_\_

WhatsApp /Facebook/ Viber

Verbal Communication

## Permission Form

### 1. 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

### 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

### 3. Sun Block

I give permission for staff to apply sun -screen/block 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 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.

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

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

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

**5. 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.

Signature \_\_\_\_\_

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.

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

Name.....

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

**7. 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: \_\_\_\_\_



**8. I agree that if my child is unwell I will keep them home until well enough to attend child care**

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

**9. 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: \_\_\_\_\_

**10. 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 into attend.**

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.**

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

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 Community People visit.

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

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

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

**Medication Authorization**

**14. I give permission for the director and staff of Kreative Kidz Pre-School to administer Panadol syrup to my child for pain or fever. I acknowledge that this action may be carried out by staff whilst the staff waits for me to pick up my child.**

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

**15. I give permission and I agree to the Self-Administration of medication for school age care regarding reg. 90 and the Kreative Kidz medical conditions policy**

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

## 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 will update any changes to this information immediately with the service.

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

Any other relevant information you would like to share with us:

## DOCUMENTS REQUIRED

- COURT ORDERS YES / NO / N/A
- IMMUNISATIONS YES / 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

Enrolment form received by \_\_\_\_\_

Date received \_\_\_\_/\_\_\_\_/\_\_\_\_

Processed on \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_

*For any queries, please contact the centre on;*

*PH: 9608-9900*

*Address: 300-302 Wilson Road Green Valley NSW 2168*

### **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 CASH or Direct Deposit.
- 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.
- **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. Parents are asked to complete and sign a [Late Fee Notice](#) when they collect their child/children.

## **All fees for our sessions are \$10.50/hour**

Session Hours:

Before School 6am – 9am (Fees \$10.25 hour)

After School 3pm – 6pm (Fees \$10.25 hour)

Childcare Half Day 9am – 3pm

Childcare Full Day 7.30am-5.30pm

Any enquiries or questions please contact the staff at the centre.

**(Common Written Agreement - CWA)**

I/We: \_\_\_\_\_

1. Give consent to the enrolment of the admitting child
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
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
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. **(Note families are required to register for these subsidies from April 2018 and the first claims will be from 2 July 2018).**

More information can be found on the Department of Human Services website:  
[www.humanservices.gov.au/individuals/services/centrelink/child-care-subsidy#a1](http://www.humanservices.gov.au/individuals/services/centrelink/child-care-subsidy#a1)

5. Agree to comply with all Government requirements in relation to the service
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
7. Are aware that the child will be excluded from care at the service if he/she has contracted a contagious disease or condition
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 \_\_\_\_\_