Enrolment Form

This enrolment form belongs to:

_____

Child's name

Please ask the Nominated Supervisor if you would like additional support or an interpreter to help you complete these forms.

Dear family,

Welcome to Kidszone Australia

apart of Headstart Australia Pty Ltd.

This booklet is all about your child and you family. As each child is unique with different needs and routines, it's essential we have this important information. It will help us get to know your child so we can individualise their early learning and care, and support your family routines and culture.

The information requested in this booklet can appear repetitive, however it is important that you fill in each section as some parts of the form are kept in the Centre's office in compliance with regulatory requirements, and other parts are kept with the educators to refer to on a daily basis.

Below are the items you'll need on hand to complete this enrolment form:

- Child's birth certificate
- Australian Child Immunisation Register (ACIR) statement
- Customer Reference Numbers (CRN), if you and your child are already registered with the Department of Human Services (Centrelink)
- Child's Medicare number
- Custody or parenting order (if required)
- Contact information for three emergency contacts
- Child's doctor's details
- Additional needs information (if required)

Other information you may like to make note of includes:

Approved Providers:	Joshua and Chantal Jones	
Opening Hours:	Vacation Care 6:30am – 6:30pm | Monday to Friday (excl. public holidays) School Terms 6:30am - 9:00am l 3:00pm - 6:30pm l Monday to Friday (excl. public holidays)	
Phone Number:	(07) 4667 0797	
Email Address:	kidszone@headstartaustralia.com	
Bank Details:	Bank – Warwick Credit Union BSB – 817 001 Account number – 100 007 268 Reference – Your child's name	
School Age Room:	Prep – Grade 6	
Session:	9-hour Session:	8:00am - 5:00pm
	10-hour Session:	7:30am - 5:30pm
	12-hour Session:	6:30am - 6:30pm
	Before School Care:	6:30am - 9:00am
	After School Care:	3:00pm - 6:30pm

Care requirements

What type of care do you require?

☐ Before school care ☐ After school care ☐ Vacation care

Have you previously been enrolled with us? ☐ No ☐ Yes

Office Use Only **Nominated Supervisor to complete in consultation with family.**

School: _____ Proposed start date: _____

Preferred days and session times:

	Monday	Tuesday	Wednesday	Thursday	Friday
Before school care					
After school care					
Vacation care 9 / 10 / 12 hour session					

My child's primary school details

Name of school: _____

_____

Street address: _____

_____

Phone number: _____ Grade: _____

Teacher: _____

If your child will be using the school bus system to arrive to or depart from school, please ensure you have discussed this with your child and your child's school.

My child's details

This information is required for regulatory compliance.

First name: _____ Middle name: _____ Surname: _____

Place of birth: _____ Date of birth: ____/____/____ Gender: ☐ Male ☐ Female

Child's CRN: ☐☐☐ ☐☐☐ ☐☐☐☐

Address: _____

Is your child of Aboriginal and/or Torres Strait Islander origin? ☐ Aboriginal ☐ Torres Strait Islander ☐ Neither

Cultural background: _____ Religion: _____

Language/s spoken: _____

Are there any court orders, parenting orders or parenting plans in relation to your child?: ☐ No ☐ Yes

If Yes, please provide a copy of the current order or plan.

Birth Certificate

Please provide your child's original Birth Certificate for the Nominated Supervisor to sight (or a certified copy of your child's Birth Certificate, Australian Citizenship Certificate, or Passport).

Office Use Only **Nominated Supervisor declaration:** I confirm I have sighted the original Birth Certificate.

Name: _____ Initial: _____ Date: _____

Additional Needs

An additional need may be associated with any of the following areas: communication, mobility, self care, interpersonal interactions and relationships, learning and applying knowledge, education or other general tasks, domestic life, or community and social life.
Additional needs may also result from other circumstances such as, a culturally or linguistically diverse background, a refugee background where the child has been subjected to trauma, the child is in the care of the state, or other forms of out-of-home care.

Does your child have an additional need?: ☐ No ☐ Yes

If Yes, please provide details of your child's additional needs and provide any relevant reports or assessments. The Nominated Supervisor will discuss your child's needs and work with you to ensure your child gets the most from their early education experience.

_____

_____

Office Use Only **Nominated Supervisor declaration:** I have discussed the child's needs with the family.

Name: _____ Initial: _____ Date: _____

My child's medical and immunisation details

Medicare number: _____

Health Care Card number: _____ Expiry date: _____

Medical Conditions

Does your child have any specific healthcare needs, including any medical conditions, communicable diseases, or allergies (including anaphylaxis)?: ☐ No ☐ Yes

If Yes, provide details of your child's medical condition and provide any relevant reports or assessments. Please ask the Nominated Supervisor for a Medical Management Plan. You may also be asked to complete a Risk Management Plan depending on the medical condition.

_____

_____

Dietary Requirements

Does your child have any known dietary requirements?: ☐ No ☐ Yes

If Yes, please state the dietary requirements and ask the Nominated Supervisor for a Medical Management Plan (if required).

_____

Medical Information

Medical practitioner's name: _____

Address: _____

Phone number: _____

Religious requirements in case of accident: _____

Immunisation History

Kidszone Australia (Headstart Australia Pty Ltd) encourages all children to be fully immunised in accordance with the Department of Health and Ageing National Immunisation Program Schedule.

We ask all families to provide proof of immunisation, so please bring your records with you for the Nominated Supervisor to sight.

Where there is a reason why children are not, cannot, or will not be immunised, please provide a written statement confirming your child's non-immunised status. In the event there is a suspected or identified case of a vaccine-preventable disease, unimmunised children will be excluded from the Centre for the recommended minimum exclusion period. Children without complete immunisation records will be considered unimmunised.

Office Use Only

Nominated Supervisor declaration: I confirm I have sighted the immunisation record.

Name: _____ Initial: _____ Date: _____

Immunisation status confirmed: ☐ No ☐ Yes

Will the child be excluded in the event of disease?: ☐ No ☐ Yes

My family's details

Primary account holder **(Details of parent/gaurdian/person with parental responsibility registered for Child Care Subsidy).**

Title: _____ First name: _____ Surname: _____

Relationship to child: _____

Date of birth: ____/____/____ Gender: ☐ Male ☐ Female

CRN: ☐☐☐ ☐☐☐ ☐☐☐☐

Cultural background: _____ Language/s spoken: _____

Address: _____

Home phone number: _____ Mobile phone number: _____

Email address: _____

Occupation: _____ Organisation: _____

Address: _____

Work phone number: _____ Work days/times: _____

Secondary account holder **(Details of parent/gaurdian/person with parental responsibility).**

Title: _____ First name: _____ Surname: _____

Relationship to child: _____

Date of birth: ____/____/____ Gender: ☐ Male ☐ Female

CRN: ☐☐☐ ☐☐☐ ☐☐☐☐

Cultural background: _____ Language/s spoken: _____

Address: _____

Home phone number: _____ Mobile phone number: _____

Email address: _____

Occupation: _____ Organisation: _____

Address: _____

Work phone number: _____ Work days/times: _____

DOB The provision of date of birth information is a mandatory requirement to meet eligibility requirements to receive Child Care Subsidy (CCS).
CRN Customer Reference Number issues to you by Centrelink. If you do not have a CRN or are not registered for CCS, please contact the Department of Human Services on 13 61 50 to register.

Emergency contact details

Emergency contact 1

(parent/guardian/person with parental responability).

Name: _____

Mobile: _____

H: _____ W: _____

Address: _____

_____

Emergency contact 2

(parent/guardian/person with parental responability).

Name: _____

Mobile: _____

H: _____ W: _____

Address: _____

_____

Emergency contact 3 **(other than parent/guardian).**

Title: _____ First name: _____ Surname: _____

Relationship to child: _____

Address: _____

Mobile phone number: _____

Home phone number: _____ Work phone number: _____

Please tick all statements that apply to this contact.

☐ Collection from Centre This person is an authorised nominee to collect my child from the Centre, and give permission to another person to collect my child from the Centre.	☐ Medical treatment This person is authorised to consent to medical treatment and administration of medication and sign incident reports for my child.	☐ Leaving the Centre This person is authorised to give permission to an educator to remove my child from the Centre for excursions or medical treatment from a registered medical practitioner, hospital or ambulance service.

Emergency contact 4 **(other than parent/guardian).**

Title: _____ First name: _____ Surname: _____

Relationship to child: _____

Address: _____

Mobile phone number: _____

Home phone number: _____ Work phone number: _____

Please tick all statements that apply to this contact.

☐ Collection from Centre This person is an authorised nominee to collect my child from the Centre, and give permission to another person to collect my child from the Centre.	☐ Medical treatment This person is authorised to consent to medical treatment and administration of medication and sign incident reports for my child.	☐ Leaving the Centre This person is authorised to give permission to an educator to remove my child from the Centre for excursions or medical treatment from a registered medical practitioner, hospital or ambulance service.

Emergency contact 5 **(other than parent/guardian).**

Title: _____ First name: _____ Surname: _____

Relationship to child: _____

Address: _____

Mobile phone number: _____

Home phone number: _____ Work phone number: _____

Please tick all statements that apply to this contact.

☐ Collection from Centre This person is an authorised nominee to collect my child from the Centre, and give permission to another person to collect my child from the Centre.	☐ Medical treatment This person is authorised to consent to medical treatment and administration of medication and sign incident reports for my child.	☐ Leaving the Centre This person is authorised to give permission to an educator to remove my child from the Centre for excursions or medical treatment from a registered medical practitioner, hospital or ambulance service.

My child's interests

To enable our Educators to support your child's interests and development, it is important we have as much information about your child as possible.

General Information

Child's name: _____ Grade at school: _____

My child especially likes doing: _____

My child's favourite hobbies are: _____

My child does not like (fears): _____

My child's favourite books are: _____

Family names (siblings, family living with the child): _____

Our family pets are: _____

Favourite things to do on the weekend?: _____

Favourite art and craft activities: _____

Favourite TV shows or movie: _____

Meal Times

Is your child currently allergic to any foods? _____

Does your child need to store their food/drink specifically due to cultural or religious beliefs? _____

_____

Does your child have any fruit or vegetable preferences? _____

Toileting

Does your child require additional assistance with toileting?: _____

_____

_____

Tell our educators about your family

So we can develop a program that supports your child's individual interests, it is important we get to know your family. This information is the educators so they can refer back to it at any time.

General Information

Parent's names: _____

Cultural background: _____ Religion: _____

Language/s spoken at home: _____

Your Household

Please identify who lives with your child: _____

_____

_____

Please name the other children in your family (if applicable): _____

_____

_____

Are there any special names of people or things that we should know about? _____

_____

_____

Many families have expectations that are unique to their family. Please detail anything specific you would like us to know: _____

_____

_____

What can we do to support your family's values, beliefs, customs, or cultural practices at the Centre? _____

_____

_____

Would you like to share your family culture with other children and families at the Centre? _____

We will happily discuss how we can work with you to share your culture with the Centre more broadly.

Please provide any other information about your family relevant to your child: _____

_____

_____

_____

_____

Your consent

Child's name: _____

I give the Kidszone Australia (Headstart Australia Pty Ltd) professionals and the Approved Provider the authority to:	**No**	**Yes**	Please initial to indicate you have read and understand this information
Apply sunscreen to my child for outside play every day during the period recommended by the Cancer Council and on those days with a Ultra Violet Radiation Level of three and above. (If No, please complete the Sun Safety Acknowledgement and Waiver).			
Apply insect repellent to my child for outside play.			
Apply first aid ointments such as Savlon and Stingose to my child when required.			
Allow the people ticked as authorised nominee/s to collect my child from the Centre.			
Allow the people ticked as authorised nominee/s to: • Give permission for medical treatment, administration of medication, and sign incident reports for my child. • Give permission to the Kidszone Australia educators to remove my child from the Centre for excursions or to seek medical treatment from a registered medical practitioner, hospital or ambulance service.			
Administer an emergency dose of Panadol to my child should they require it (fever over 38 degrees Celsius), and I or the authorised nominee/s are unable to attend in a timely manner. I understand I will be notified via telephone first if educators believe this is necessary.			
Photos of my child to be taken and used in relation to; Centre's Facebook page, displayed at Kidszone, Kidszone website, other Kidszone social media, community events, newspaper articles and advertisement.			

I give consent and permission for:	**No**	**Yes**	Please initial to indicate you have read and understand this information
My child to travel supervised by Educators from Kidszone to vehicles, bus or on foot as required to their nominated School. By signing below you consent to all information provided, along with the Before School Care Travel Risk Assessments. Agree that all information is correct, and you accept Kidszone Australia's Policies and Procedures, including fees and excursion Policy.			

I understand that:	Please initial to indicate you have read and understand this information
In the event of an emergency, illness or accident concerning my child, I consent to the Centre seeking on my behalf urgent medical, dental, hospital and ambulance services for my child; and I consent to the carrying out of appropriate medical, dental or hospital treatment in the event that such action appears necessary. I accept any liability for medical, dental, hospital and ambulance services that may be incurred. I understand that the Responsible Person of the Centre will, as soon as practically possible, notify me or other persons so authorised of the accident or illness, and treatment or services arranged for my child.	
I must inform the educators at the Centre if my child has been unwell or has taken any medication before coming to care.	
Kidszone Australia will seek my written consent for my child to participate in regular outings or excursions where required.	
Personal information collected is ordinarily used or disclosed for the primary purpose of: providing early childhood education and care services; advocating for the well-being, protection and development of children; documenting children's learning; managing children's current or prospective enrolment; and providing me with information about the organisation, services and activities via letters, emails, sms and other Centre communication channels.	
Observe my child to assist in developing an appropriate program. This may include written observations and photographs. Programs are documented using hardcopy programs located within the rooms.	
Kidszone Australia may use the name, photo and video of my child for: my child's individual portfolio and educational resources; my child's individual learning journals; the early learning journals of my child's peers; staff professional development and communication; newsletters and communications to my Centre's families; and throughout the Hubhello! And Educate applications.	
Kidszone has a traffic light rule system in place that my child is required to follow. I understand that I may be called to collect my child if rules are broken. I understand that if my child continues to break rules or breaks a 'red' rule, they may be suspended or expelled from Kidszone at managements discretion.	

Parent/guardian with parental responsibility

Signature: _____

Name: _____

Date: _____

Parent/guardian with parental responsibility

Signature: _____

Name: _____

Date: _____

Fees and payments

- Fees will apply in accordance with our fee structure.

- Fees will apply for booked days that your child does not attend due to illness or holidays. Fees will not apply for Queensland's standard public holidays.
- A fee of $1 per minute, per child will be charged for children arriving or departing outside of their session of care. The 9 and 10 hour sessions of care have a 15 minute grace period either side of the session for unforseen circumstances. This grace period is not extra session time.
- A fee of $20 per child will be charged for each 10 minute block a child has not been collected from the Centre by closing time.
- Our preferred method of payment is direct deposit. We recommend setting up an automatic weekly or fortnightly payment with your bank. EFTPOS facilities are available at Kidszone Australia.
- Kidszone Australia (Headstart Australia Pty Ltd) issues statements on a fortnightly basis – in arrears.
- In the event that non-immunised children need to be excluded from the Centre, fees will still apply on these days.
- If your child does not attend care on their last booked day, Child Care Subsidy (CCS) cannot by applied to your account for these days. This is in accordance with Federal Government policy.
- Kidszone Australia (Headstart Australia Pty Ltd) reserves the right to establish a payment plan should I fall behind on my fees.
- Kidszone Australia (Headstart Australia Pty Ltd) reserves the right to suspend service due to unpaid fees.
- Kidszone Australia (Headstart Australia Pty Ltd) reserves the right to pursue unpaid fees, including through use of a collection agency.

Payment Agreement

As terms of enrolment		Please initial
1. I agree to pay:	All fees as charged by Kidszone Australia Headstart Australia Pty Ltd. Fees within 14 days of notice. All outstanding fees prior to withdrawing from care.	
2. I agree to:	Kidszone Australia cancelling my child's place if my fees are in arrears for more than 8 weeks. Kidszone Australia cancelling my child's place with two weeks' notice on reasonable grounds.	
3. I agree to provide:	Two weeks' written notice of intention to withdraw my child.	
4. I agree that I will:	Submit payment in full within seven days of any direct debit faults or dishonoured cheques.	

The above payment terms and fees and payment information has been explained to me, and I consent to this payment agreement. I have received a copy of the Fees Policy and acknowledge the information provided.

Primary account holder

Signature: _____

Name: _____ Date: _____

Secondary account holder

Signature: _____

Name: _____ Date: _____

Orientation checklist

Orientation information

Every child should have at least one orientation visit prior to starting at Kidszone Australia (Headstart Australia Pty Ltd), so they can get to know the educators and the environment. You will be introduced to the daily operations of the Centre and your child's educators, allowing an opportunity to begin building positive relationships within the Centre. Our programs and practices, including the children's routines will be explained to you.

Please discuss your preferred dates for orientation with the Nominated Supervisor.

Office Use Only	**Nominated Supervisor to complete in consultation with family.**
	Orientation dates: _____/_____/_____
	_____/_____/_____
	_____/_____/_____

- □ Introduction of educators and discuss qualifications
- □ Tour through the Centre
- □ Operating days and hours
- □ Discuss care requirements

- □ Food and drink requirements
- □ Clothing requirements
- □ Sun safety
- □ Family input and participation
- □ Absentees
- □ Kidszone Rules requirements

- □ Fees and payments
- □ Provide fee estimate

- □ Schedule pre-enrolment visit

Inquiry: □ In Person □ Phone □ Email □ Messenger

Office Use Only	**Nominated Supervisor declaration:** I confirm I have discussed the following with the family during orientation visits.
	Name: _____ Initial: _____ Date: _____