

Enrolment Form 2018

Child Details

First Name		Middle Name	
Last Name		Gender (please circle)	Male/Female
Date of Birth		Place of Birth	
Home Address			
CRN (Obtained from Family Assistance)			
Is your child (please circle)	Aboriginal	Torres Strait Islander	Neither
Is your child attending another childcare centre service?	Yes/No		
Siblings attending another childcare service	1 2 3 4		
What is the cultural background of your family?			

Attendance Days and Times Required

Start Date:					
	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival Time					
Departure Time					

Parent Details

First Name		Middle Name	
Last Name		Gender (please circle)	Male/Female
Date of Birth		Place of Birth	
CRN (Obtained from Family Assistance)			
Home Address			
Postal Address		Mobile Phone	
Home Phone		Work Phone	
Email Address			
Occupation			
Place of Work			
Work Starts		Work Finishes	
Language Spoken at Home			
Preferred method of contact (please circle)	Home Phone / Work Phone / Mobile / Email		
Are you: (please circle)	Aboriginal	Torres Strait Islander	Neither
Do You have a disability	Yes/No		
Primary Care Giver?	Yes/No		

Second Parent Yes No

First Name		Middle Name	
Last Name		Gender (please circle)	Male/Female
Date of Birth		Place of Birth	
CRN (Obtained from Family Assistance)			
Home Address			
Postal Address		Mobile Phone	
Home Phone		Work Phone	
Email Address			
Occupation			
Place of Work			
Work Starts		Work Finishes	
Language Spoken at Home			
Preferred method of contact (please circle)	Home Phone / Work Phone / Mobile / Email		
Are you: (please circle)	Aboriginal	Torres Strait Islander	Neither
Do you have a disability			Yes/No
Primary Care Giver?			Yes/No

Family Status

Please circle the options that best describes your situation?			
Both parents at home	Sole parent	Shared custody	Other

Custody Arrangements

If you are separated or divorced, who has legal custody of the child?			
Parent 1	Parent 2	Both	Other

Family Status

Parent 1 Access Arrangements?	Full	Limited
Parent 2 Access Arrangements?	Full	Limited
Are there any court orders relating to the powers and responsibilities of the parents in relation to the child or access to the child? Please provide documentation to the centre.		Yes/No

Emergency Contacts & Authorisations

Name				
Relationship to Child				
Address				
Postal Address		Mobile Phone		
Home Phone		Work Phone		
This person has the authority to (please circle):				
Collect/Deliver to/from the centre	Give permission for excursions out of the centre	Consent to medical treatment	Permit transportation by an ambulance service	Request/Permit medication to be given
If the parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness			Yes/No	

Emergency Contacts & Authorisations

Name				
Relationship to Child				
Address				
Postal Address		Mobile Phone		
Home Phone		Work Phone		
This person has the authority to (please circle):				
Collect/Deliver to/from the centre	Give permission for excursions out of the centre	Consent to medical treatment	Permit transportation by an ambulance service	Request/Permit medication to be given
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If the parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness			Yes/No	

Health & Medical Information

Medicare Number			
Medical Centre Name			
Name of Doctor		Phone	
Address			
Private Health Insurer			
Do you have a current Ambulance Subscription			Yes/No
Child Health record provided on enrolment			Yes/No
Has your child been diagnosed at risk of Anaphylaxis			Yes/No

Does Your Child Have:	
Any allergies: eg. food, medication, animals, insects?	Yes/No
Any special dietary requirements?	Yes/No
Any problems with hearing, sight, speech?	Yes/No
Any health problems, operations, illnesses, disabilities?	Yes/No
Does your child take any regular medication?	Yes/No
Does your child have a physical disability or delay, including intellectual, sensory or physical impairment?	Yes/No
Does either parent have a disability?	Yes/No
Is the family a single parent family?	Yes/No

Routines

Has your child begun toilet training?	Yes/No
Is your child used to being with other children?	Yes/No
Is your child used to being with other adults?	Yes/No
Is this the first time your child has been cared for by someone other than a family member?	Yes/No
Are there any aspects of your cultural, ethnic, and/or religious background that you would like us to be aware of?	Yes/No
Are there any special considerations for your child? For example, cultural, religious or additional needs?	Yes/No

Payment Information

- Fees are to be paid 1 week in advance upon commencement at Kimberley Kids.
- Two weeks written notice must be given if your child will be ceasing attendance. If this is not done then two weeks will be added to your final account to compensate this period.
- Casual days off and sick days are still payable, for all permanent positions.
- Any accounts outstanding more than 3 weeks will be passed on to a debt collection agency and your child's position will immediately be suspended until paid. You will be personally liable for all debt collecting and legal costs incurred for the retrieval of the outstanding debt.
- Families' non-compliance with any part of our fee & Centre's policy may result in immediate cancellation of the child's position.

How would you like to receive your invoice?		Emailed	Hard copy
How would you like to pay?	Eftpos/Credit Card	Cash	Cheque
			Electronic

Maintaining Fee's

I agree to abide by the centers policy of maintaining fees one (1) week I advance. I also understand fees are to be paid for all absent or sick days, and that if fee's fall behind the "one (1) week in advance", my child's place at the centre may be jeopardized. I understand that a debit collection agency may be enlisted to recover outstanding debt.	
Signed	Date

Authorisations

I consent to Kimberley Kids Early Learning Centre staff seeking medical attention for my child in an emergency situation. If the child is taken by ambulance to Hospital, a staff member will accompany the child in the ambulance. In the event of my child requiring medical attention, I understand that Kimberley Kids Early Learning Centre will attempt to contact the parent/emergency contact to seek authorisation prior to obtaining medical assistance. I agree to pay any ambulance or medical costs incurred. I do / do not have ambulance cover.	
Signed:	Date:
I consent to Kimberley Kids staff applying SPF 30+ sunscreen on my child each day.	
Signed:	Date:
I consent to Kimberley Kids staff applying low allergy centre made insect repellent on my child each day.	
Signed:	Date:
I consent to Kimberley Kids staff applying Dettol Antiseptic, Savlon Antiseptic cream and Burn Stop Gel when needed.	
Signed:	Date:
I give permission for my child to have photos taken at the Centre. I understand that photos may be displayed within the centre.	
Signed:	Date:
I give permission for my child to have photos taken that may be used on the Kimberley Kids website, Facebook page, on the Internet or by the local newspaper.	
Signed:	Date:
I give permission for the childcare educators to take observations of my child for use in the development of centre programs and learning experiences for the children at the centre. These observations may include filming or photographs for group and individual observations and placed on Educate, our online portfolio system.	
Signed:	Date:
I understand that Kimberley Kids Early Learning Centre requires written authorisation from a parent/guardian before any child is transported in any vehicle, with the exception of an emergency situation.	
Signed:	Date:
I understand that my child will not leave the Centre unless collected by a parent, or a person authorised by the parent/s, to do so. In the case of an emergency, the Supervising Officer can authorise a person to take my child from the Centre, if all authorised contacts are unable to be contacted, and the Supervising Officer believes this person has due regard to the well being of my child.	
Signed:	Date:
I am aware that there are cameras located throughout the centre for security purposes. Access to these is by management only.	
Signed:	Date:
<p>Kimberley Kids Early Learning Centre retains the right to refuse entry to any child who displays continuing aggressive behavior that poses any threat to other children or staff that attend this service.</p> <p>I / We _____ / _____ Have read and understand all information provided in this enrolment form and agree to the terms and policies of Kimberley Kids Early Learning Centre.</p>	
Signed:	Date: