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Before and After School Care ENROLMENT FORM

FAMILY CRN: _____

CHILD CRN: _____

It is important that parents/guardians notify the Centre of any changes to the information regarding your child

FAMILY INFORMATION

Family Name: _____

Child's Name: _____

Religious / Cultural consideration: _____

Do you have a child/ren attending another childcare centre? Yes No

Do you identify as Aboriginal Yes No or Torres Strait Islander Yes No

Reason for care (to confirm priority of access): _____

PARENT(S) OR GUARDIAN(S) NAME / ADDRESS / INFORMATION

Parent / Guardian (one)

Surname: _____ First Names: _____

Address: _____

Home telephone no: _____ Mobile No: _____

Email Address: _____

Nationality: _____ If not Aust, how long in Aust: _____

Date of Birth: _____ Driver's License: _____

Language spoken between parents? _____ with child? _____

Would an interpreter be of benefit during your child's settling in period _____

Current place of employment: _____ Work Hours: _____

Workplace telephone No: _____ Occupation: _____

Do you have a health care card? Yes No

Effective from: _____ Expiry date: _____ Copy received Yes No

Parent / Guardian (two)

Surname: _____ First Names: _____

Address: _____

Home telephone no: _____ Mobile No: _____

Email Address: _____

Date of Birth: _____ Driver's License: _____

Country of Birth: _____ If not Aust, how long in Aust: _____

Current place of employment _____ Work Hours: _____

Workplace telephone No: _____ Occupation: _____

Do you have a health care card? Yes No

Effective from: _____ Expiry date: _____ Copy received Yes No

INFORMATION ON CUSTODY OF YOUR CHILD

Have any orders been made by any court regarding your child: Yes / No

If NO, are there any disputes concerning custody of your child?

If YES, please provide the following: details of guardianship and custody, and terms of any specific custody or access provision (if applicable). Please attach copies of relevant court forms or documentation.

CENTRE COMMUNICATION

We send our information about our centre via email and Facebook. This includes upcoming events, newsletter, any relevant weekly information.
If this is not an effective way for us to communicate to your family could you please nominate how you would like to receive this information:

GENERAL INFORMATION REGARDING YOUR FAMILY

Have there been any major changes in your family recently? new baby
death in family
separation of parents
moving house
other

(please specify) _____

Please tick the one family situation that applies to you and your child?

two natural parents
mother only
father only
natural mother and a father figure
natural father and a mother figure
other (please specify) _____

Do other family members live with you? _____

Has your child previously attended any other centre? Yes No

Would you be willing to assist in the program occasionally? Yes No

What skills, talents or interests do you have that you would be willing to share with the children within the program? (remembering something that seems quite normal to you might be AMAZING to our program)

HEALTH INFORMATION ABOUT YOUR FAMILY

Medicare Number: _____

Do you have a Family Doctor? Yes No

If yes, Doctor's Name & Address _____

_____ Telephone No. _____

Do you have a Family Dentist? Yes No

If yes, Dentist's Name & Address _____

_____ Telephone No. _____

CHILD'S DETAILS

Name of Child: _____ Sex: F / M

Address of Child: _____

Date of Birth: ____/____/____ Place of Birth: _____

Child's age on entry to centre: _____ Days required: M / T / W / Th / F

Siblings names and ages? _____

Birth Certificate Number: _____ copy attached Yes No

Religious / Cultural consideration: _____

Does the child identify as Aboriginal Yes No or Torres Strait Islander Yes No

HEALTH OF YOUR CHILD

Does your child suffer from:

- | | | |
|-------------------|------------------------------|-----------------------------|
| • asthma: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • seizures: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • any disability: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • anaphylaxis: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • allergies: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If yes to any of these, please supply relevant information and a Medical Management Plan from your child's doctor.

If yes to any of the above have you filled out a Risk Minimisation form with the Director?

Yes No

A copy of this form will be attached to the enrolment form when completed

Has your child ever had any serious illness or accidents? Yes No

If yes, please specify: _____

Has your child had any operations? Yes No

If yes, please specify: _____

Does your child have any specific healthcare needs including any medical condition or diagnosis?

Yes No

If yes, please specify: _____

Is there anything particular about your child that you feel we should know?

(eg. lack of energy, food intolerances, intense behaviours)

PARENTS' PERCEPTIONS

How do you expect your child to react when starting at our Centre?

In what ways do you consider attendance at our Centre might help your child?

How would you describe your child as he seems to you?

Why did you choose our Centre for your child?

How does your child react to being away from you for a while?

How does your child react to other adults?

How does your child react to other children?

EATING HABITS

Does your child have any eating problems? _____

Does your child eat independently? _____

What foods are refused? _____

Special Diets? _____

GENERAL INFORMATION

What are your child's special interests? _____

Is your child particularly frightened of anything?(Eg animals, closed door, storms etc)

Are there any objects your child likes to carry for security? _____

How would you generally describe your child when playing at home?

independent

active

dependant (relies on adults)

quiet

Are there any other comments you have about your child that you feel might help us to understand him or her?

CENTRELINK INFORMATION

It is important that you notify Family Assistance Office that your child/ren is/are attending our centre, to ensure that you can claim your Child Care Subsidy (CCS). You can do this through your MyGov account or by phoning the Family Assistance Office on 136150 between the hours of 8am and 8pm.

When applying for CCS on your MyGov account please give all information that is asked of you and then when prompted please confirm your child's enrolment at Kids World Gilston.

Failure to do this will result in full fees being payable.

To find out more information please follow this link www.education.gov.au/childcare

IMMUNISATION

Has your child been immunised? Yes No Have you provided a copy? Yes No

A copy of your child's Immunisation History Statement needs to be provided to the centre upon enrolment. In the case of a vaccine preventable disease being present or suspected in the centre, unimmunised children and children who don't have an up to date immunisation history statement who may be deemed to be unimmunised, will be excluded from the centre for the recommended exclusion period. These steps will protect all children and prevent further spreading of the disease.

Statements can be obtained from:

- Online – through MyGov once account has been created
- Medicare Express Plus App – once a MyGov account has been created
- Over the counter – at a Medicare service Centre
- Phone – Call AIR (Australian Immunisation Register) on 1800653809

Age	Immunisation	Date Immunisation received (Parent to advise)	Original sighted and copied (Director to sign)
Birth	Hepatitis B (hepB)a		
2 months	<ul style="list-style-type: none"> • Hepatitis B, diphtheria, tetanus, acellular pertussis (whooping cough), Haemophilus influenzae type b, inactivated poliomyelitis (polio) (hepB-DTPa-Hib-IPV) • Pneumococcal conjugate (13vPCV) • Rotavirus 		
4 months	<ul style="list-style-type: none"> • Hepatitis B, diphtheria, tetanus, acellular pertussis (whooping cough), Haemophilus influenzae type b, inactivated poliomyelitis (polio) (hepB-DTPa-Hib-IPV) • Pneumococcal conjugate (13vPCV) • Rotavirus 		
6 months	<ul style="list-style-type: none"> • Hepatitis B, diphtheria, tetanus, acellular pertussis (whooping cough), Haemophilus influenzae type b, inactivated poliomyelitis (polio) (hepB-DTPa-Hib-IPV) • Pneumococcal conjugate (13vPCV) • Rotavirusb 		
12 months	<ul style="list-style-type: none"> • Haemophilus influenzae type b and meningococcal C (Hib-MenC) • Measles, mumps and rubella (MMR) 		
18 months	<ul style="list-style-type: none"> • Diphtheria, tetanus, pertussis (whooping cough) (DTPa) • Measles, mumps, rubella and varicella (chickenpox) (MMRV) 		
4 years	<ul style="list-style-type: none"> • Diphtheria, tetanus, acellular pertussis (whooping cough) and inactivated poliomyelitis (polio) (DTPa-IPV) 		

AUTHORISED NOMINEES

I _____ hereby authorise that the person/persons listed below be authorised nominees

I understand that these nominees will be contacted in any situation where the parents and/or guardians are unable to be contacted

I understand that I am required to give written notification of any variation to Kids World Gilston.

Name	Address	Phone number	Relationship to child

Authorised to :

- collect the child named hereunder Yes No
- consent to medical treatment for the child from a medical practitioner, hospital or ambulance Yes No
- authorise administration of medication to the child Yes No
- authorise transportation of the child by ambulance Yes No
- authorise an educator to take my child outside the education and care premises Yes No

Name	Address	Phone number	Relationship to child

Authorised to :

- collect the child named hereunder Yes No
- consent to medical treatment for the child from a medical practitioner, hospital or ambulance Yes No
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- authorise transportation of the child by ambulance Yes No
- authorise an educator to take my child outside the education and care premises Yes No

Name	Address	Phone number	Relationship to child

Authorised to :

- collect the child named hereunder Yes No
- consent to medical treatment for the child from a medical practitioner, hospital or ambulance Yes No
- authorise administration of medication to the child Yes No
- authorise transportation of the child by ambulance Yes No
- authorise an educator to take my child outside the education and care premises Yes No

If you need to add more nominees please see staff in the office.

CHILD'S NAME _____

PARENT/GUARDIAN SIGNATURE _____

DATE _____

ENROLMENT AGREEMENT

	Date	Initial
1. I understand that in the case of sudden illness or an accident, the parents being unable to be contacted, the Director, as agent for the parents, shall have discretionary power to seek immediate medical attention, but shall be under no obligation to do so.		
2. I agree to notify the Centre of any changes with regards to my child in relations to health, custody, days of attendance (two weeks notice required) and vaccination records.		
3. I agree to keep my child at home when suffering from a heavy cold or other contagious illness likely to affect the health of the other children or staff.		
4. I agree to notify the Centre promptly of the reason for any absences.		
5. I will ensure that my child is brought to the Centre by a responsible person and taken to the child's room, signed in, and that the staff know that the child has arrived.		
6. I will ensure that my child is collected by an authorised person before 6:15pm and that he/she is signed out and staff know that the child has departed.		
7. I will make every effort to inform the Centre of changes in arrival and departure times and procedures, especially in regard to other persons collecting the child.		
8. I agree to notify the Centre immediately of any change to authorised nominees and/or phone numbers.		
9. I have read the Parents Handbook and agree to abide and co-operate in all things to the best of my ability.		
10. I agree to establish and maintain a regular payment of fees as per our Childcare Fees Policy and Acknowledgement Form.		
11. I give permission for the Centre to call an ambulance and transport my child in an ambulance if necessary and for staff to seek medical treatment for my child from a medical practitioner, hospital or ambulance		
12. I give permission for staff to apply sunscreen to my child when necessary throughout the day.		
13. I am willing for my child to take part in supervised excursions. Yes <input type="checkbox"/> No <input type="checkbox"/>		
14. I acknowledge that the centre may take photographs of myself OR my child on behalf of the child care centre and that these photographs may be used by the centre at any time in the future in children's portfolios OR on promotional material OR in newspapers OR on social media OR on the centre website. I agree Yes <input type="checkbox"/> No <input type="checkbox"/>		

Child's Name _____

Signed _____ Date _____

ACKNOWLEDGMENT FORM

I the Parent / Guardian agree that the information provided in this application is true and correct and will be relied upon by Kids World Gilston.

I the Parent / Guardian agree to notify the centre immediately should there be any change in circumstances from the details as outlined in the enrolment form including living arrangements of the child and / or Parent / Guardian within 7 days of the date of such change.

Terms of payment are strictly within seven (7), or fourteen (14) days as determined. A cancellation fee may apply at the discretion of the centre.

The Parent / Guardian agrees to pay outstanding childcare fees and cancellation fees where applicable together with all debt recovery expenses including mercantile agents fees, court costs and legal fees reasonable incurred by Kids World Gilston.

In the case of a default, the Parent / Guardian acknowledges that any enrolment information specifically required for the purpose of debt recovery and identification of individuals in default may be forwarded to Legal agencies for legal recovery action.

The Parent / Guardian acknowledges that care may be refused in the case of a default.

Name: _____

Signature of Parent / Guardian: _____

Date: _____

PARENT ORIENTATION PROCESS EVALUATION

Were you offered familiarisation visits? _____

Were you satisfied with centre orientation? _____

Were you introduced to the relevant staff who would be caring for your child/ren?

Have you received all relevant paper work? _____

Have you been given the Parent Handbook including all policies relevant to our centre such as Health and Safety; Sleep and Rest Time; Incident, Injury, Trauma and Illness; Dealing with Infectious Disease; Dealing with Medical Conditions; Emergency and Evacuation; Delivery and Collection of Children; Excursions; Child Safe Environment; Staffing Arrangements; Interactions with Children; Enrolment and Orientation; Governance and Mangement of the Service including Confidentiality of Records; Acceptance and Refusal of Authorisations for a Child to leave the Service; Payment of Fees?

Yes No

Are you aware of how the educator in your child's room, program, plan evaluate and record observations on your child?

Parent Name: _____

Date: _____

PERMISSION SLIP – YEARS PREP - 6

**Escorting your child/ren to/from GILSTON STATE SCHOOL
588 Worongary Road Gilston**

I give permission for the staff from KIDS WORLD GILSTON to walk my

child/ren _____

to/from Gilston State School situated at 588 Worongary Road, Gilston on the agreed days.

Before School Care will depart at approximately 8:50am and the group will be walked by a responsible person up to the school arriving at approximately 8:55am.

All Prep children will be taken to their classrooms and our staff member will wait with them until they go inside. Due to Health and Safety Prep children will not be able to play in the school playground before school.

After school our staff member will collect all Prep children directly from their classrooms.

After School Care will assemble at the small grassed area near the Prep classrooms at end of school at approximately 3:00pm and will leave for Kids World upon arrival of all children, at approximately 3:20pm.

All children are escorted as per Education and Care Services National Regulations.

Parent/guardian Name: _____

Signed parent/guardian _____

If you wish your child to be taken to school at 8.30am please sign below. This service is only available to children in years 1 – 6, not Prep children.

I give permission for my child to be escorted to school, leaving Kids World Gilston at 8:30am and arriving at Gilston State School approximately 8:32am, by a responsible person -

Child's Name: _____

Signed Parent / Guardian: _____

Kids World Gilston Bush Walk Permission Form

The children of Kids World Gilston will be involved in regular bush walks around the property.

These walks are outside the perimeter fence and involve walking near a dam.

The purpose of the regular bush walks is to allow our children to explore in a natural environment, wander through bushy tracks, watch what happens to our environment when seasons change, move their bodies, create and imagine.

The child to educator ratios will be adhered to in accordance with age groups as required, always ensuring that at least 2 staff members are present on all bush walks. The children will have their hats and shoes on for protection and will take their water bottle as well. All children are toileted and sunscreen/insect repellent is applied prior to leaving the room.

A risk assessment has been done and the rules will also be discussed with your child prior to the bush walk.

At times your child may need to go to the bathroom urgently while on the bushwalk. If we are too far away from a toilet your child will be encouraged to relieve themselves behind a tree while under supervision. We will ensure that your child's dignity and modesty is protected at all times and we will have wet wipes with us for the child to use if they wish.

Kyra Sanford will be in charge of every bush walk and will carry a

I _____ give permission for
my child _____ to participate in
regular bush walks on the property of Kids World Gilston.

Parent Signature : _____

Date : _____

Complying Written Arrangement Casual Care

Provider : Kids World Gilston, 590 Worongary Road, Gilston QLD 4211, 0755332365

Parent/Guardian : Name _____

Address _____

Phone _____

Date arrangement starts : _____

Children : Name _____ DOB _____

Care will be provided on a casual basis for: (please circle what's required)

Before School Care (BSC) After School Care (ASC) Vacation Care(VC) Casual Care(CC)

For the following sessions of care:

BSC 2.5 hour session Start time: 6.15am End time: 9.00am

ASC 3.25 hour session Start time: 3.00pm End time: 6.15pm

VC 12 hour session Start time: 6.15am End time: 6.15pm

CC 12 hour session Start time: 6.15am End time: 6.15pm

I agree to pay all fees incurred while my child attends Kids World Gilston.

Fees for the above sessions are displayed in the foyer and in our Parent Handbook.
Fees are subject to change in January and July of each year as stated in our Parent Handbook.

Families will be notified of fee changes via email. These changes will be updated in our Parent Handbook, copies are available on request.

Parent Name _____

Parent Signature _____

Date _____

[Type text]