

## **KIDS WORLD GILSTON** **SCHOOLAGE 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)

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## **PARENTS' PERCEPTIONS**

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

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

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

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Why did you choose our Centre for your child?

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

---

How does your child react to other adults?

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How does your child react to other children?

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## **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](http://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

## 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
- 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
- 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 \_\_\_\_\_

## 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 is applied prior to leaving the room. If you would like to supply your own sunscreen and insect repellent, please tell your child's teachers and provide some to leave at the centre.

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.

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

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

Date : \_\_\_\_\_

**Payment Options for Kids World Gilston**

**Eftpos (at Kids World only)**

**Cheque**

**Credit card direct weekly (form attached if required)**

**Direct deposit - Bank details Kids World Gilston**

**BSB No. 014 650**

**Ac No. 651665719**

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**CREDIT CARD PAYMENT AUTHORITY**

I \_\_\_\_\_ hereby authorise Kids World Gilston Pty Ltd to debit my credit card (details of which appear below), for childcare fees relating to the care of my child/ren.

**Type of Card:** \_\_\_\_\_

**Name on Card:** \_\_\_\_\_

**Card Number:** \_\_\_\_\_

**Expiry Date on Card:** \_\_\_\_\_ **CCV:** \_\_\_\_\_

**Name: (please print):** \_\_\_\_\_

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

**Date:** \_\_\_\_\_