



CHILDCARE CENTRE
PENRITH

52 Weeks/Year
7:00 AM - 6:30 PM
6 Months – 6 Years

ENROLMENT FORM

Level 3 Borec House, Westfield Penrith 21-23 Station

Street Penrith NSW 2750 PH: (02) 4721 1244

mail@kindy4kids.com.au

www.kindy4kids.com.au

The information requested by Management on this form may constitute personal and health information under the Privacy and Personal Information Protection Act 1998 and the Health Records and Information Privacy Act 2002. Management will only collect personal and health information specifically for the purpose of providing a quality childcare services and in accordance with the Regulatory framework of operating a children's service.

STARTING DATE : ____/____/____

Child's Given Name/s: _____ Child's Family Name: _____

Child's Former/Other Name/s: _____ Gender M F

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

Child CRN: _____

Address: _____ Suburb: _____

Post Code: Home Phone: _____

Name to appear on Receipts/Statements: _____

Religion: _____

Primary Language: _____ Cultural Background: _____

Is there anyone who is prohibited from having contact with or collecting the child?
(Please provide centre with copy of parenting agreements/ access orders)

Days child to attend (please tick):

Monday Tuesday Wednesday Thursday Friday

Parent/Guardian 1

Given Name/s: _____ Family Name: _____

Former Name/Alias: _____ Date of Birth: ____/____/____

Home Telephone No: _____ Mobile: _____

Address: _____

(write "AS ABOVE" if same as above)

Name & Address of Employer: _____

Work Telephone No: _____ Hours of Work: _____

Occupation: _____

Preferred email address : _____

Parent CRN: _____

Parent/Guardian 2

Given Name/s: _____ Family Name: _____

Former Name/Alias: _____ Date of Birth: ____/____/____

Home Telephone No: _____ Mobile: _____

Address: _____

(write "AS ABOVE" if same as above)

Name & Address of Employer: _____

Work Telephone No: _____ Hours of Work: _____

Occupation: _____

Preferred email address : _____

Parent CRN: _____

MEDICAL DETAILS

Is your child on regular medication? YES NO

Is your child asthmatic? YES NO

Is your child allergic to anything? YES NO

Has your child been diagnosed at risk of anaphylaxis? YES NO

Does your child have a medical condition? YES NO

If you marked **YES** any of the above conditions, you will need to provide service with a corresponding medical management plan for that condition and also please give us details of medical condition _____

Has your child had any of the following? YES NO

Measles

Rubella (German Measles)

Re-curing Ear Infection

Mumps

Chicken Pox

Hepatitis

Anaphylaxis

Epilepsy

Diabetes

Convulsions

Severe Nose Bleed

Medicare No: _____

Does your family have Private Health Cover? If yes please specify: _____

ADDITIONAL NEEDS

Does your child have any additional needs/ongoing disability? Yes No

Note: If your child has been assessed, please provide DETAILED documentation in relation in relation to the assessment to assist the Centre and its staff in planning for your child's individual needs.

Physical Condition

A.D.D/ A.D.H.D

Behavioural Condition

Speech

Emotional Condition

Hearing

Gifted/Talented

Autism

Anaphylaxis/ or other food allergies/animals

Learning

Other (please specify) _____

Please give details of your child's additional needs:

Please detail any additional services/ agencies you are accessing to meet these needs e.g speech pathologist.

I give permission for the centre manager to access appropriate agencies to assist my child's additional needs as required.

Yes

No

IMMUNISATION DETAILS

Is your child's immunisation up to date ? YES NO

From 1 January 2018, only children who are fully immunised for their age OR have a medical reason not to be immunised OR are on a catch-up schedule can be enrolled in childcare. Children who have not been immunised due to their parent's vaccine conscientious objection cannot be enrolled in childcare.

Parents must provide an Australian Immunisation Register (AIR) OR an AIR Immunisation History Form (that shows a child is on a recognised catch-up schedule), when enrolling the child in childcare.

Parents can request a copy of their child's AIR Immunisation History Statement at any time (up to their child being 14 years of age):

- using their Medicare online account through myGov <https://my.gov.au>
- using the Medicare Express Plus App www.humanservices.gov.au/individuals/subjects express-plus-mobile-apps
- calling the AIR General Enquiries Line 1800 653 809
- **Other immunisation records, such as the Blue Book or an overseas immunisation record are not acceptable.**

EMERGENCY DETAILS

Child's Doctor: _____

Address: _____

Phone No: _____ Release child to Doctor? YES NO

Child's Dentist: _____

Address: _____

Phone No: _____ Release child to Dentist? YES NO

Religious Requirements in case of Accident: _____

Other Comments: _____

- i. I hereby authorise the Centre Manager or staff to administer one dosage of paracetamol to my child (name of child) _____ if his/her temperature is 38 Degrees Celsius or higher only if all other methods have been unsuccessful in reducing the temperature.

Signature _____ Date ____/____/____

- ii. Our current policy is that **each minor accident is recorded** and families are informed when collecting the child. At this time the minor accident register is signed by a parent as a indication that they have been informed of the minor accident. An incident/injury form is completed for all injuries. Parents are contacted for all injuries other than a minor accident.

- iii. I hereby authorise the Centre Manager and/or staff to apply 30+ sun screen on all unprotected areas of the skin of my child (name) _____ for outdoor play.

Signature _____ Date ____/____/____

AUTHORISATIONS AND EMERGENCY CONTACTS

Child's Full name _____

Parents Full name _____

In the event of an emergency, illness or accident concerning my child and the educator being unable to contact me or other persons so authorised by me, I consent to the Centre seeking out on my behalf appropriate medical, hospital, dental treatment to be carried out or Hospital / Ambulance attention for my child and/or to transport my child by ambulance in an emergency and I accept liability for medical or dental expenses and Ambulance as may be incurred.

Parent Yes Signature _____ Date :

You may authorise another person to collect your child from the service. If your child needs to be collected because they are unwell, we will contact this person if we cannot contact you or you are unable to collect your child. This person must provide identification when collecting the child.

Contact One

Name _____ Relationship to child _____

Phone number _____ Address _____

I authorise this person to collect my child from your service Yes No

Can we notify this person of any emergency involving your child if we cannot immediately contact you? Yes No

Can this person consent to medical treatment or the administration of medication if we cannot contact you? Yes No

Can this person authorise the Approved Provider, Nominated Supervisor or an educator taking your child outside the service by transport or arrange transportation of the child if we cannot contact you? Yes No

Parent Signature _____

AUTHORISATIONS AND EMERGENCY CONTACTS

Contact Two

Name _____ Relationship to child _____

Phone number _____ Address _____

I authorise this person to collect my child from your service Yes No

Can we notify this person of any emergency involving your child if we cannot immediately contact you? Yes No

Can this person consent to medical treatment or the administration of medication if we cannot contact you? Yes No

Can this person authorise the Approved Provider, Nominated Supervisor or an educator taking your child outside the service by transport or arrange transportation of the child if we cannot contact you? Yes No

Parent Signature _____

Contact Three

Name _____ Relationship to child _____

Phone number _____ Address _____

I authorise this person to collect my child from your service Yes No

Can we notify this person of any emergency involving your child if we cannot immediately contact you? Yes No

Can this person consent to medical treatment or the administration of medication if we cannot contact you? Yes No

Can this person authorise the Approved Provider, Nominated Supervisor or an educator taking your child outside the service by transport or arrange transportation of the child if we cannot contact you? Yes No

Parent Signature _____

PHOTOGRAPHS AND/OR VIDEOS

I (name) _____ authorize the staff of the service to take photographs and/or videos of (child's name) _____

(please indicate your preference below)

- To communicate visually the children's activities with the families within the centre including emailed daybooks and newsletters.
- To use for promotional purposes outside the centre (e.g. website, flyers etc.)

Signature _____ Date ____/____/____

Is there a current Custody or Parent Agreement/Access Order/Apprehended Violence Order or any court orders relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child?

(Please provide centre with parent orders, court orders and parent plans)

YES

NO

If so, what are the custodial arrangements or court orders in relation to this child? _____

FAMILY DETAILS

Please tick: One Parent Home Two Parent Home

Are there any other adults living in the home? YES NO

If yes, relationship to the child: _____

Details of other children living in the home:

NAME	RELATIONSHIP TO CHILD	DATE OF BIRTH

DETAILS	Country of birth	Length of time in Australia	Cultural Background	Language Spoken	Language Written
MOTHER					
FATHER					
CHILD					

Language Spoken between Parents: _____

Language Spoken to the Child: _____

Are there any religious or cultural practices relating to your child's upbringing that we should honour in our care and education of your child?

YES NO

Type of Home: (Please tick)

House Town House Unit Other (please specify) _____

Have there been any changes to your family recently? YES NO

- Moved House
- Parent ill
- Birth of a Child
- Parent Unemployed
- Death of a person close to the child
- Separation from parent.
- Other (please specify): _____

Has this affected your child in any way?

YES NO

INFORMATION ABOUT YOUR CHILD

Has your child been left with other people?

- Family
 Friends
 Babysitter
 Family Day Care/Playgroup/Occasional Care/Pre-school/Child Care Centre
 Other _____

1. How does your child respond to an unfamiliar situation?
Confidently / Tearfully / Withdraws / Very Excited / Observes but joins in later
2. What type of playthings interest your child?
Cars-Wheel toys / Sand / Blocks / Water / Dough / Dress up / Painting / Dolls / Swing
3. Does your child spend more time:
Indoors / Outdoors / Alone / With other children

Were there any complications with the birth or pregnancy your child? YES NO

If Yes, provide details: _____

4. Does your child have any security objects? YES NO

If Yes, provide details: _____

ROUTINES

A. Toilet:

Is your child in Nappies Toilet Training Using a Toilet

Can your child manage to go to the toilet without help? YES NO

Does your child wet the bed? YES NO How often? _____

Could you print the word your child uses to go to the toilet: _____

If your child is toilet training outline the methods you are using at home so we can maintain consistency:

B. Sleep:

What time does your child go to sleep at night? _____

What time does your child wake up in the morning? _____

How long does your child sleep during the day? _____

Does your child take a special toy to bed? _____

Does your child have any special routine on being put to bed ? YES NO

If YES, please give details :

Other Comments: _____

C. Food:

Does your child have a bottle? YES NO If YES, what time? _____

Does your child feed him/herself at home ? YES NO With Help

Does your child eat breakfast? YES NO

Can your child use a spoon? YES NO

Can your child use a fork? YES NO

Can your child use a cup? YES NO

What food does your child dislike? _____

Name any food or liquid he/she is not allowed to have or provide details of the dietary restriction?

BABIES

Does your child sleep in a cot at home ? YES NO

Does your child settle themselves to sleep ? YES NO

What times does your child sleep during the day? _____ Does your child have a dummy?

YES NO

If YES, please provide details? _____

Does your child have a bottle? YES NO

If YES, please provide details

Breastmilk Formula Cow's Milk Soy Milk

Does your child require pureed food? YES NO

Parents of babies are requested to provide a written copy of their daily home routine.

This enables educators to create consistency between home and centre ensuring your child will feel secure.

Additional Information you would like to share with educators about your child:

PARENT'S AUTHORISATION FOR INCURSIONS AND VISITS

I, (name) _____
of (address) _____
being a parent, guardian, person having custody of (child's name) _____
enrolled at _____

do hereby authorize the centre manager, staff or agent of the centre for my child

_____ to take part in incursions and visits

organised by this center,

Signature _____

Date: ____/____/____

FEE POLICY

Please read the following which is our policy on fee collection and sign the bottom to indicate your understanding and acceptance of these conditions.

When fees are due

- Fees must be paid two weeks in advance
- Should your fees fall more than two weeks in arrears you will receive a reminder letter from the Centre asking you to bring your fees up to date. If your fees are more than two weeks in arrears this will place your child's position within the Centre in jeopardy.
- If your fees are more than four weeks in arrears your account will be handed over to a debt collection agency. Please note that should this occur you will be liable for the costs associated with this. At this point your child's position will be cancelled.

Methods of payment

- Fees can only be paid by Direct Debit or Credit Card.

Centrelink and Family Assistance Office

- As our centre is accredited by Centrelink please ensure you provide Centrelink/ Family Assistance Office with correct and current information so that you qualify for Child Care Subsidy. To contact Centrelink/Family Assistance Office phone 13 61 50. Please also be aware that our system is automatically updated by Centrelink

Late Fees

- The centre closes at 6:00 PM and all children must be collected by this time. A late fee applies when children are collected after 6:00 PM, please note that this fee is not eligible for the Child Care Benefit/Child Care Rebate.

Withdrawal from the centre

- Parents must give the Centre Manager a minimum of two full weeks' notice in writing on leaving the service using the centre's withdrawal form.
- During the two week notice period if a child does not attend the Centre they will be charged full fees as childcare subsidy is not applied to absences during this period. This is a CCS a requirement.
- Parents are encouraged to provide feedback regarding their time at the Centre.
- Kindy 4 Kids Childcare Center reserves the right to cancel a child's enrolment as per out enrolment policy.

Change to enrolment

- Parents must give the centre manager a minimum of two full weeks notice in writing when changing the days of attendance using the centre's change of days form.

Public holidays

- As you know Kindy 4 Kids only closes for public holidays and remains open throughout the year to provide a service to our families. Please be aware that fees are charged for public holidays as we still have to pay our fixed costs such as payroll, rent etc. on these days. If you have a query in relation to this please email mail@kindy4kids.com.au

Days Absent

- Fees are payable when your child is absent from care including sick days, family holidays, RDO's, etc.
- Child care subsidy apply until absences exceed legislated limits.
- We do not offer make up or swap days for any sick days, family holidays or public holidays.

Payment Plans

- If you are having difficulties in paying your fees please let us know. We can arrange a payment plan or discuss alternate arrangements in order to assist you.

Bond

A security bond of \$150.00 is required upon enrolment and will be refunded less \$50.00 enrolment/administration fee at the end of your child's time at our centre. This deposit is non-refundable if the booking is cancelled (i.e. if the child leaves the centre or fails to start). Upon giving written notice of cancellation of your position by filling out an Exit Form, your bond is released via credit to your account.

FEE POLICY

I, _____ (print name) have read and understood the fee policy and agree to abide by the conditions of Kindy 4 Kids Childcare Centre. I understand that any payment that is 14 days overdue will be listed as a default with a credit agency and sent to a debt collection agency which will affect my credit history for up to 5 years.

Signature _____ Date: ____/____/____

PARENT'S STATEMENT :

- (a) All information recorded on this form is true and correct.
- (b) I will, if required, produce evidence in support of this information.
- (c) I undertake to advise the Centre of any changes to the information on this form.
- (d) agree to collect or make arrangements for the collection of my child if he/she becomes unwell at the service
- (e) understand that the Nominated Supervisor may suspend or terminate my child's place at the service if he/she feels that the safety or wellbeing of any child or staff member at the service is compromised by my child or a family member

Signature _____ Date: ____/____/____

(Parent/Guardian)

I/We confirm that all the information which I/we have given in this enrolment form is true and correct. I/We understand that Kindy 4 Kids Childcare Centre will rely on this information as being accurate, in order to appropriately care for my/our child.

I/We understand that my/ our child's enrolment at the centre depends on my/our acceptance of the conditions as outlined in the Kindy 4 Kids Childcare Centre Parent Handbook. I/We have read the Parent Handbook and I/We understand and agree to abide by the Centre's Policies and Procedures.

I/We understand that a copy of the Centre's Policy documents as well as curriculum information is available to me at all times at the Centre. I also understand that when policies are reviewed parent input will be encouraged.

I/We will notify the the Centre regarding any circumstance changing for my/our family.

Signature _____ Date: ____/____/____

I (Parent / Guardian), understand that any default in payment of more than 14 days may result in any or all of the following action against me:

- (a) Legal proceedings being taken and I consent to solicitor costs being added to the amount outstanding (usually over \$500.00);
- (b) interest will be added pursuant to the CPA Act 2005 (NSW) currently at a rate of 10 %;
- (c) if proceedings are commenced default judgment may be entered against my name and my name will be recorded with credit listing agencies with the default for up to 5 years;and
- (d) enforcements proceedings may be taken against me personally including but not limited to bankruptcy proceedings.

Signature _____ Date: ____/____/____

OFFICE USE ONLY

Immunisation Record Sighted <input type="checkbox"/> YES <input type="checkbox"/> NO	Copy Provided <input type="checkbox"/> YES <input type="checkbox"/> NO	Staff initial
Birth Certificate Sighted <input type="checkbox"/> YES <input type="checkbox"/> NO	Copy Provided <input type="checkbox"/> YES <input type="checkbox"/> NO	Staff initial
Enrolment form Signed and all area's checked (Name)		Date : ____/____/____
Direct debit form received Date : ____/____/____		Staff Initial
Enrolment entered on QIKKIDS Date : ____/____/____		Staff Initial

FEE BOND

Date Paid	Amount Paid	Receipt Number	Staff initial

CESSATION OF CARE

Withdrawal Date		Date Notice Given	
Address		Phone	Email
Date Bond Refunded	Amount	Payment Date	Staff Initial