

# Kradle 2 Krayons

## Enrolment Forms



<u>Child / Contact Information</u>	
<b>Child's Full Name:</b>	<i>Please attach a coloured photo of child here.</i>
<b>Nicknames:</b>	
<b>Preferred Commencement Date:</b>	
<b>Child's CRN Number:</b>	
<b>Child Gender:</b> <i>(Please circle)</i> Male   Female   Other	
<b>Date of Birth:</b> (DD/MM/YYYY) ____/____/____ <i>**Copy of Birth Certificate to be attached**</i>	<b>I come from a rainbow family:</b> Yes <input type="checkbox"/> / No <input type="checkbox"/> / N/A <input type="checkbox"/>
<b>Address:</b> _____ _____ _____ _____ _____ <b>Postcode:</b> _____	<b>Family I live with:</b> (eg: mum, dad, sister, nan, uncle, cousin) _____ _____ _____ _____
<b>Has Your Child Been in Childcare Before?</b> Yes <input type="checkbox"/> / No <input type="checkbox"/> <i>If yes, please select the type of care attended.</i> Centre based   Family Day care   Nanny   Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Cultural background of child and language spoken in child's home:</b> _____ _____
<b>Does Your Child Celebrate?</b> (Please Tick) Easter   Christmas   Birthdays   Chines New Year   Diwali   Holi   Other _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>Are there any court/parenting orders affecting custody of your child?</b> Yes <input type="checkbox"/> / No <input type="checkbox"/> N/A <input type="checkbox"/> <i>If Yes please provide further details below. (A photocopy must be attached, and the Nominated Supervisor or Director needs to be notified if circumstances change.)</i> _____ _____ _____	
<b>** The centre is unable to enforce custody issues without a copy of relevant Court Orders at the centre. Please discuss any custody issues with the Centre Director. **</b>	

**Requested Days of Attendance and hours required.**  
 Please select the preferred days of care for your child  
 along with your preferred session hours.

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>

<b>Age group</b>	<b>Session hours</b>	<b>Session time</b>	<b>Session Fee per child</b>
0-2 years	6	9 am – 3 pm	\$86
2-3 years	6	9 am – 3 pm	\$85
3-5 years	6	9 am – 3 pm	\$72
0-2 years	8	8 am – 4 pm	\$98
2-3 years	8	8 am – 4 pm	\$97
3-5 years	8	8 am – 4 pm	\$90
0-2 years	10	7 am – 5 pm	\$110
2-3 years	10	7 am – 5 pm	\$105
3-5 years	10	7 am – 5 pm	\$100
0-2 years	11	7 am – 6 pm	\$110
2-3 years	11	7 am – 6 pm	\$105
3-5 years	11	7 am – 6 pm	\$100

**Parent/Guardian 1:**

Name: \_\_\_\_\_

Gender: (Please circle) **Male | Female | Other**

Relationship: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Home number: \_\_\_\_\_

Work number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

CRN Number: \_\_\_\_\_

Child linked to my Centrelink Account: **Yes**  / **No**

License Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Marital status: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of work: \_\_\_\_\_

\_\_\_\_\_

Do you or your child identify as Aboriginal  
 Or Torres Straight Islander? **Yes**  / **No**

**Parent/Guardian 2:**

Name: \_\_\_\_\_

Gender: (Please circle) **Male | Female | Other**

Relationship: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Home number: \_\_\_\_\_

Work number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

CRN Number: \_\_\_\_\_

Child linked to my Centrelink Account: **Yes**  / **No**

License Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Marital status: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of work: \_\_\_\_\_

\_\_\_\_\_

Do you or your child identify as Aboriginal  
 Or Torres Straight Islander? **Yes**  / **No**

<p><b>Emergency Contact 1:</b></p> <p>Name: _____</p> <p>Gender: (Please circle) <b>Male   Female   Other</b></p> <p>Relationship: _____</p> <p>Contact Number: _____</p> <p>Address: _____</p> <p style="text-align: right;">Postcode: _____</p> <p>License Number: _____</p> <p>Date of Birth: _____</p> <p><b>Authority to Collect:</b> Yes <input type="checkbox"/> / No <input type="checkbox"/></p> <p><b>Authority to make medical decisions in the event you cannot be contacted:</b> Yes <input type="checkbox"/> / No <input type="checkbox"/></p> <p><b>Authority to authorise Panadol administration:</b> Yes <input type="checkbox"/> / No <input type="checkbox"/></p> <p><b>Authority to authorise a service educator to take the child outside of the care premise in the case of an emergency.</b> Yes <input type="checkbox"/> / No <input type="checkbox"/></p>	<p><b>Emergency Contact 2:</b></p> <p>Name: _____</p> <p>Gender: (Please circle) <b>Male   Female   Other</b></p> <p>Relationship: _____</p> <p>Contact Number: _____</p> <p>Address: _____</p> <p style="text-align: right;">Postcode: _____</p> <p>License Number: _____</p> <p>Date of Birth: _____</p> <p><b>Authority to Collect:</b> Yes <input type="checkbox"/> / No <input type="checkbox"/></p> <p><b>Authority to make medical decisions in the event you cannot be contacted:</b> Yes <input type="checkbox"/> / No <input type="checkbox"/></p> <p><b>Authority to authorise Panadol administration:</b> Yes <input type="checkbox"/> / No <input type="checkbox"/></p> <p><b>Authority to authorise a service educator to take the child outside of the care premise in the case of an emergency.</b> Yes <input type="checkbox"/> / No <input type="checkbox"/></p>
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**Health**

***It's important to keep this information current at all times. Special medical needs or disabilities WILL NOT affect your child's acceptance into the centre.***

Medicare number (emergency use only) \_\_\_\_\_ Position \_\_\_\_\_

Family Doctor/Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Postcode: \_\_\_\_\_

**Physical Health**

- **What health problems has your child had in the past?**  
\_\_\_\_\_
- **Has your child ever been hospitalised? If so, please provide further details**  
\_\_\_\_\_

***Does your child have any diagnosed allergies? Yes  No  N/A***   
*(If yes, please list details below including reaction and attach copy of the medical management plan).*

\_\_\_\_\_

\_\_\_\_\_

Does your child have any diagnosed and/or continuing medical conditions? (including Diabetes, Anaphylaxis, Asthma, Autism, ADHD etc.)? Yes  / No  N/A  If yes, please list further details below **and attach copy of the medical/asthma management plan.**

Does your child require any regular medication Yes  / No  / N/A  If yes, please list further details below.

Does your child have any dietary requirements? Yes  / No  / N/A  If yes, please list further details below.

Does your child have any fears or phobias? Yes  / No  / N/A  If yes, please list further details below.

### **Immunisation Status**

Has your child been immunised? Yes  / No

Is your child's immunisations up to date? Yes  / No

The service needs to maintain up to date records of all child's immunisations. Please provide a copy of your child's 'Medicare Immunisation Statement'. You will be required to provide up to date copies of your child's 'Medicare Immunisation Statement' each time your child has a new immunisation.

**Please note:** - Under the childcare subsidy system, Centrelink will no longer provide childcare subsidy to children who do not have up to date immunisations. It is imperative that you keep your child's immunisations up to date as full fees will be charged on your child's account should Centrelink cease providing childcare subsidy due to this reason. This centre does not get notified by Centrelink should childcare subsidy cease due to immunisations not being up to date. It is your responsibility as your child's parent/guardian to ensure immunisations are maintained. Exclusions from the centre will apply in the case of an outbreak for all children whose immunisations are not up to date, as per the centre's 'Immunisation policy'.

**Please sign to acknowledge you have read and understood the above.**

Signed Parent/Guardian 1: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signed Parent/Guardian 2: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **Permission to seek medical assistance in an emergency.**

In the case of an accident or other emergency resulting in the need for immediate medical attention, I hereby authorise the staff of Kradle 2 Krayons to seek the appropriate emergency medical treatment for my child \_\_\_\_\_ should this be necessary, including transport via ambulance service.

Signed Parent/Guardian 1: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signed Parent/Guardian 2: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**I give the staff of Kradle 2 Krayons permission to administer Panadol as prescribed on the bottle at the discretion of a staff member that holds a current first aid certificate for the relief of pain or fever if myself or an emergency contact is unable to be reached.**

*In the occasion where medicine is administered, I will collect my child ASAP from the centre and will sign the medication form provided to me by the staff.*

**Signed Parent/Guardian 1:** \_\_\_\_\_ **Date:** \_\_\_ / \_\_\_ / \_\_\_\_\_

**Signed Parent/Guardian 2:** \_\_\_\_\_ **Date:** \_\_\_ / \_\_\_ / \_\_\_\_\_

**Additional Information**

**Is your child toilet trained or do they need assistance?**

Toilet trained; no assistance needed.  / Needs assistance with toileting.  / Still in nappies

**Comments** \_\_\_\_\_

**At Kradle 2 Krayons we actively support the inclusion of all cultures and backgrounds. Are there any other cultural or religious celebrations that your child / family celebrate or participate in not previously listed? Yes  / No**

*If yes, please list further details below so we can incorporate into our centre events.* \_\_\_\_\_

**Please list any interests your child may have so Kradle 2 Krayon may incorporate them into our program.**

**Goals I would like my child to achieve within the first 6 months of care.**

**Goal 1:** \_\_\_\_\_

**Goal 2:** \_\_\_\_\_

**Is there any other information we should know about your child or any additional needs not previously listed?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OFFICE USE ONLY:**

Medical Action Plan attached/Risk Minimisation Plan/Allergy Form provided/completed? **Yes**  / **No**  / **N/A**

Birth Certificate attached? **Yes**  / **No**  / **N/A**

Medication form filled in for any regular medication to be administered at centre? **Yes**  / **No**  / **N/A**

Medical, Allergy, Phobia Alert completed? **Yes**  / **No**  / **N/A**

Is a copy of any court orders attached? **Yes**  / **No**  / **N/A**

Has a photo of child been attached? **Yes**  / **No**  / **N/A**

Has a current immunisation statement been sighted and attached to file? **Yes**  / **No**

**Staff member Enrolment Form collected and checked by:**

\_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(print name) (signature)

Have all Enrolment Details been entered into Qikkids? **Yes**  / **No**

Have all Enrolment Details been entered into Kinder m8? **Yes**  / **No**

Staff member who processed enrolment into Qik Kids and Kinder m8:

\_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(print name) (signature)

# Kradle 2 Krayons — Conditions of Enrolment

(Please initial the box beside each condition of enrolment)

1. I declare that all information given is true and correct, and if not, the Centre may review any placement offered, and withdraw placement of the child.
2. You must advise the Centre if any information on this form should change.
3. You need to notify the Centre in writing should you wish your child to be collected by any other person than those stated on this enrolment form. Upon entering the Centre photo ID will be required and photocopied.
4. **At the time of enrolment, you will be asked to choose from 1 of 3 options in regard to how you pay your fee's. These options will be 1 week in advance determined by your out of pocket gap fee, 2 weeks in advance determined by your out of pocket gap fee or 1 month in advance determined by your out of pocket gap fee. Should you be required to pay a bond in addition to this advanced payment, this will be refunded to you at the conclusion of your child's care with the service, provided your account is up to date and minimum enrolment period reached which is 13 weeks from the commencement date.**
5. Should your account fall into arrears and not be rectified within a reasonable timeframe, you will be issued a 'Letter One', as per our current fee policy. 'Letter One' will advise of the arrears owing, along with options and timeframes to rectify. Should your account remain in arrears after the specified time within the letter, management will proceed to the next step by issuing 'Letter Two'. Any subsequent letters received may result in your child's placement within the centre ceasing effect of immediately and recovery action.
6. **You must provide two (2) weeks written notice should you wish to cease your child's care within the centre. If you do not give two weeks written notice you will be liable for two (2) weeks fees.**
7. **If your child's care is terminated and there are outstanding fees, this account will be referred to the centre's debt collection agency if arrears is not paid in full.**
8. Should you be entitled to and wish to claim Child Care Subsidy for your child's placement, it is your responsibility to lodge the claim with Centrelink and follow up on this assessment process. The Child Care Subsidy you are entitled to may not be back dated by Centrelink so it is important that you lodge your claim at your earliest convenience, as full fees will be charged to your account until the Child Care Subsidy starts being received.
9. You must notify the Centre of any absences. If your child is absent for more than 42 days out of the financial year you will be charge full fee if a medical certificate is not received upon returning. This is a requirement to receive the Child Care Subsidy set out by Centrelink and the NSW Governing Body.
10. Your child may not be brought to the centre while they have an infectious disease. Exclusion periods may apply, and a doctor's certificate is required upon returning to verify the child is no longer contagious.
11. You are required to pay fees when your child is absent due to sickness or holidays and on public holidays.
12. **Your child must be dropped off and collected within the respective session time selected. There will be a 'grace period' of 10 minutes either side of your selected session time, however, should your child be dropped off or collected outside of this timeframe, you will be charged a late fee of \$2.00 per minute, per child. The late fee is automatically calculated by our system and cannot be waived by staff members.**

13. It is a condition of enrolment that this application or any placement that is offered and accepted may be cancelled or not processed if the centre sees fit. Prior to cancelling an enrolment, the Centre will give the applicant two (2) days' notice of its intention.
14. Your child's immunisation must be kept up to date according to the standard outlined by the Commonwealth Department of Health and Age Care. Should your child's immunisations not be kept up to date, Centrelink will cease your Child Care Subsidy entitlements and full fees will be charged to your account until immunisations have been received and Centrelink recommence.

## Kradle 2 Krayons — Acknowledgement

***If I/We fail to make payment of an outstanding account, Kradle 2 Krayons will send accounts details to a collection agency. Any agency fees incurred in recovering the outstanding debt will be incurred by me/us, the undersigned. Under provisions of the Privacy Act 1988 (amended 2001) Kradle 2 Krayons may give information about me/us to a credit reporting agency to allow such agency to maintain a credit information file containing information about my/our credit worthiness.***

### **Publicity**

I consent to my child's photograph being used for publicity for the centre, should this be required.

### **Sunscreen**

I give permission for staff to apply sunscreen to my child.

### **Evacuation Drills**

I give permission for my child to take part in evacuation procedures which will involve my child meeting at the assembly area which is located in the car park outside the dentist.

### **Observations**

I give permission for my child to be observed through photographs and other means by University or TAFE students as well as by the staff at the centre. I understand that at times my child may be seen in other children's photos as they interact with each other and these are used in the centre for observations in the children's portfolios.

### **Parent Handbook**

I acknowledge that I have received a copy of the Centre's 'Parent Handbook' in either a soft or hard copy. I understand I will be notified of any updates to this handbook and that these will be made available at any time.

### **Emergency Action**

In the event of an accident or illness requiring emergency medical treatment, every effort will be made to contact the parents.

*Education and Care Services National Regulations 2011 states:*

*161 Authorisations to be kept in enrolment record*

*(1) The authorisations to be kept in the enrolment record for each child enrolled at an education and care service are—*

*(a) an authorisation, signed by a parent or a person named in the enrolment record as authorised to consent to the medical treatment of the child, for the approved provider, nominated supervisor or an educator to seek—*

*(i) medical treatment for the child from a registered medical practitioner, hospital or ambulance service; and*

*(ii) transportation of the child by an ambulance service;*



# Parent Declaration

I \_\_\_\_\_ Parent/Guardian of \_\_\_\_\_ verify that I have read, understand and agree to the above Kradle 2 Krayons Condition of Enrolment and Agreement. I understand that this agreement is a legally binding document.

Parent/Guardian 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_